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# Attributes of effective managers in the public health sector

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# Declaration of Originality

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This thesis contains no material which has been accepted for a degree or diploma by the University or any other institution, except by way of background information and duly acknowledged in the thesis, and to the best of the my knowledge and belief no material previously published or written by another person except where due acknowledgement is made in the text of the thesis, nor does the thesis contain any material that infringes copyright.

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The research associated with this thesis abides by the international and Australian codes on human and animal experimentation, the guidelines by the Australian Government's Office of the Gene Technology Regulator and the rulings of the Safety, Ethics and Institutional Bio-safety Committees of the University.

## Statement regarding published work contained in thesis

At the time of submission, no part of this thesis has been published in any form.

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Genevieve Wallace

Date 

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# Abstract

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This research consisted of three projects. The first study identified 10 attributes of an effective manager within the public health sector. While much has been written about the attributes of effective managers, little is known about how these attributes fit in the public sector, or in the public health sector more specifically. The participants in the first study were all NSW Health employees. Participants were surveyed, and the results identified 10 attributes of an effective manager from a list of over 630 possible attributes. They were encouraging, transforming, efficient, (not) insecure, (not) evasive, courageous, (not) expedient, reasonable and trustworthy. These 10 attributes were then used in the second study designed to ascertain the prevalence of these attributes among staff at an exemplar health care facility (Canterbury Hospital). Around 3% of staff were identified by other staff as displaying these characteristics much more than the average person. Interestingly, these qualities were not associated with whether or not the employee was already a manager of some type. These ratings were also examined for possible bias. While staff could be overly kind or harsh in their ratings of others (which could be corrected for with the methods developed in this research), no bias was evident based on the gender or relative seniority of the person doing the rating or being rated. The third study was a focus group, which consisted of senior executive staff of Sydney Local Health District (SLHD). The participants of the focus group were asked to identify any barriers that were associated with the recommendations from the second study and the potential use of the tool used in the second study. Barriers that were identified included concerns in relation to rating other staff and issues that could affect the use of the tool. The focus group

participants also suggested changes that could be made to the tool and identified potential uses of the tool. These results can potentially be used to identify management talent of the future, further develop existing management, and distinguish the management needs of the public health sector from the general management literature.

# Chapter 1: Management in the public health sector

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## Introduction

The need to examine the attributes of effective managers in the public health sector is in some respects self-evident. Effective managers are essential to well-run organisations. Well run public sector organisations are essential for the efficient delivery or execution of government services or regulation. Anything less would lessen public sector effectiveness and waste taxpayer dollars. The biggest area of State and Federal government spending in Australia (as it is in most Western countries) is health.

What makes management in public health particularly challenging is that, the staff are on average, are more highly qualified and paid than other sectors. The diversity of the professional workforce and the demands on the industry necessitate the most complex set of awards, industrial agreements and pay scales as compared to any industry. Each professional group and each specialisation within each professional group brings its own accreditation, registration and ongoing professional development standards. Each clinic and hospital facility is subject to recurring rounds of overlapping accreditation and compliance standards. In process terms, the inputs and output range into the millions of components and variations. The patient flow, assessment and treatment processes and protocols are under almost perpetual review. The newly adopted 'episode-based' funding model is the most complex reform to the funding of the Australian public health system in history. Work continues 24 hours per day, seven days each

week and all this is performed under the gaze of public expectations. In short, public health is extraordinarily complex and consequentially demanding on managers.

The range of managers is also necessarily complex as are each of their skill sets. What is somewhat easier to document are their respective skill sets, and this is routinely done in the form of selection criteria. Nevertheless, why is anecdotal evidence of the disparity in the quality of managers so abundant if the skill sets needed are so well documented? The key may be more intangible qualities that 'slip through' typical selection criteria or management development curricula. Qualities that better distinguish effective from ineffective managers. This is the very subject of this thesis, but a wider understanding of the sector and its demands is first needed.

By virtue of available access, NSW Health was chosen as a typical case of the sorts of structures and issues facing public health systems across Australia. Indeed, pursuant to the National Health Reform Agreement (Council of Australian Governments, 2011), all State and Territories in Australia are obliged to reform their organisational structures and funding models in a similar way. Thus at this level of analysis, research into any one of these jurisdictions would reflect the managerial challenges faced by all.

This chapter intends to introduce the topic of management in Australia with a specific focus on management in the public health service. This chapter will identify the need to study the attributes of an effective health service manager as it will show that the complexities of the

health service and that further study in this area has been identified in the literature as an area of need. This chapter intends to lay the foundations for the identification of the attributes of an effective health service manager by first contextualising the structure of NSW Health and the management issues that have been identified within the health service. This chapter will also discuss management issues within Australia as well as identify the differences between public and private sectors.

By reviewing and discussing the literature on these topics, it is intended to argue the justification for this area of study. The identification of the attributes of an effective health service manager will have a large benefit for NSW Health, as it will show the impact of having managers that display these attributes has on the organisation. The identification of the attributes of an effective health service manager will justify the need to have a greater focus on attracting and retaining managers that display these attributes. This thesis also intends to identify issues that affect managers and whether they are prevalent within the health service and whether they affect the way in which managers are perceived. These include issues of gender, power and the level of influence within the organisation. Research and discussion into these areas are important, as it will give a greater understanding of management issues within the health service.

## NSW Health

### *Recent Changes within NSW Health*

In January 2011, NSW Health changed the way in which the health system was structured and managed. There are now 15 Local Health Districts that spans across the State of NSW.

Previously, there were eight Area Health Services. The eight Area Health Services were much larger than the Local Health Districts and did not have a Board (Foley, 2011). The Area Health Services were managed by a Chief Executive who reported directly to the Director General.

The change to the way in which health was managed and structured was due to the perceived managerial inefficiencies within the health services and the lack of engagement in management by clinicians, especially doctors (Green & Agarwal, 2011). The Federal Government thought that the Area Health Services were too large and that they did not allow for decision making to be made at the local level or to reflect the needs of various local stakeholders (Hass, 2010).

Boards were included in the management structure of the Local Health District as it was thought that the Chief Executives of the Area Health Services were granted too much power by the Health Services Act 1997 (Council of Australian Governments, 2011). It was also thought that the Boards would allow for greater local decision making as well as greater transparency. Changes within the NSW Health Service also took place, as there were issues with the lack of clinician engagement. It was perceived that many clinicians across NSW Health did not feel that they were involved in management decision-making processes this was particularly so in the Western Sydney Area Health Service (Green & Agarwal, 2011). The National Health Reform Agreement (Council of Australian Governments, 2011) was in part designed to directly redress



the perceived imbalances in organisational structures and allow for greater clinician involvement and engagement.

### *Current Management Structure of NSW Health*

Like most public organisations, NSW Health has a complex management structure that is multi layered. The lead position within NSW Health is the NSW Minister for Health supported by a Director General. The Director General operates within the Ministry of Health. There are several Divisions and Branches within the Ministry of Health; these are the Policy and Coordination Unit, Internal Audit, Executive and Ministerial Services, Strategic Development, Population Health, Health System Quality, Performance and Innovation and Health System Support.

Under the Ministry of Health, there are 15 Local Health Districts and three Specialty Networks. The 15 Local Health Districts span across the State of NSW and the three Specialty Networks include the two-paediatric hospitals, forensic medicine and the St Vincent's Network. Each Local Health District and Specialty Network has a multi layered management structure. Management positions within a Local Health District include a Chief Executive, Director of Operations, Director of Nursing and Midwifery Services, Director of Finance, Director of Clinical Governance, Director of Allied Health and a Director of Aboriginal Health. The Chief Executive of the Local Health District reports to both the Director General and the Chairperson of the Board.

Within each Local Health District there are hospitals and other services which report to their appropriate Director and ultimately to the Chief Executive of the Local Health District. Like the Local Health Districts, hospitals and other services have their own management structures. Within hospitals and health services, management positions are much closer to the “front-line” than in the Local Health Districts and the Ministry of Health. Executive management positions within a hospital include a General Manager, Director of Nursing and Midwifery Services, Director of Medical Services, Director of Corporate Services, Human Resources Manager, Quality Manager, Operational Nurse Manager and Occupational Health and Safety Manager. Lower management positions within a hospital include, Nursing Unit Managers, Domestic Services Managers, and Administration Managers. Under the control of these managers generally are staff that have supervisory duties, for example the Nurse in charge of the shift, Medical Officer in Charge of the shift and various Leading Hand roles especially within hotel services. Based on managerial and leading hand allowances paid to staff it is estimated that approximately one in five NSW Health staff have some type of management or supervisory responsibility.

## Management Issues within Australia

Before addressing the nature of effective management, an understanding of the key issues management faces, particularly in the public sector is crucial. Unfortunately, there is a relative lack of literature especially on management related issues within the Australian health care sector. The literature that has been reviewed, points out common issues that affect management, not only within the health sector but also in other Australian organisations. The

main areas of concern identified include, education and training, technological advancement, management of organisation's human resources, as well as the skills and attributes that define an effective manager (Dubois & Singh, 2009).

Before commencing to identify the issues affecting the management of the health service, it is important to define the role of a health service manager. The role of a manager in the health sector is varied and includes tasks and roles such as the operational management of the service, managing change, planning and engaging with stakeholders in the wider organisation (Harris, 2006). These views are shared by Liang and Brown (2008), who add that the roles, especially of a senior health executive within NSW Health also include provision of leadership, monitoring and evaluating health services and their performance. It is further added that NSW Health is the largest public health system in Australia and has almost 90,000 full-time equivalent staff (Liang & Brown, 2008).

As far as possible, the arguments in this section relate to the issues that directly affect management in the health service industry and, a more general insight into the management of other sectors in Australia. There are two main management issues that will be reviewed here, which are monitoring skills and systems and management systems and diversity.

### *Monitoring Skills and Systems*

NSW Health Service is not performing as a world leader in best practice for health service management (Green & Agarwal, 2011). While their sampling was relatively small (n=116

managers within NSW Health), Green and Agarwal (2011) did review NSW Health management practices against those in other developed countries, such as United States, United Kingdom, Germany, Sweden, Canada, Italy and France. They found that there is much improvement needed by NSW Health in management practices (Green & Agarwal, 2011). Specifically, Green and Agarwal (2011) state that NSW Health does not perform well compared to other international health care services in performance monitoring, target management and in people management. They added that NSW Health performs well in operations management, patient flow and the standardisation of protocols and policies (Green & Agarwal, 2011). Clearly, there is a need to have a greater understanding of the challenges and relative performance of managers within the public health sector.

Another issue, which has been, reported as affecting monitoring and performance is the conventional bureaucratic approach prevalent in health organisations in Australia (Liang & Brown, 2008). Liang and Brown (2008) state that this is one of the major challenges facing the management structure in the health sector and that there is need for improvements to the structure and performance. They added that these improvements could only be effectively achieved with the existence of high degree of transparency and accountability (Liang & Brown, 2008). Achieving greater transparency and answerability can be aided by the implementation of private sector managerial models (Liang & Brown, 2008).

The amount of pressure that is placed upon health service managers due to monitoring the systems within the health service, results in burnout and high turnover, this is another issue

that affects management of the health sector in Australia (Liang & Brown, 2008). In addition, this pressure has squarely been placed on managers due to health care reforms (Groeneveld & Walle, 2011). This is not exclusive to Australian public health sector, but an issue that is prevalent globally, the National Health Service Trust in the United Kingdom is cited as a perfect example (Liang & Brown, 2008).

Cost pressure within the health service is identified by Boldy, Cloher and Barraclough (1989) as another major problem affecting the health service management in Australia. This is because of the increasing expectations and demand from the communities even though there is a lack of sufficient funds to meet the demands of a growing population. Integrally related to these cost pressures, Boldy, Cloher and Barraclough (1989) also stressed the need for better information systems, ability to deal with and manage changes in funding, the need to improve the financial literacy of managers, and the ability to design and implement key performance indicators to create room for better evaluation and new management.

### *Management Experience and Diversity*

Training and education has been raised as a management issue in Australia. According to Harris (2006) there needs to be a greater spotlight on the training and education of managers and a greater focus on the attributes that define a good manager. Greater improvement in people skills, leadership skills, relationship building and utilisation of diverse human resources should

be greatly improved (Harris, 2006). Furthermore, a review of the way the health service managers are trained and educated is necessary.

Harris, Harris and Tapsell (1993) agree concerning education and training and state that a greater focus on competence-based education for health service managers is needed. The nature and quality of education offered to the health service managers is insufficient and having a greater focus on competency-based education would lead to improved workplace performance (Harris, Harris & Tapsell, 1993). They thought, education that health service managers receive should centre on real life experiences, prior learning, and permit more involvement of the learners in the development of education systems (Harris, Harris & Tapsell, 1993).

Boldy, Cloher and Barraclough (1989) also identified management competencies that they have found are important within Australian health service training. Some of the issues raised by Boldy, Cloher and Barraclough (1989) include; change, information management, financial constraints, corporate planning, human resources, conflict and staff development. Staff development is sighted to be the main issue that the health care management is faced with, as there is a lack of commitment to improving the competence of middle managers (Boldy, Cloher & Barraclough, 1989). This is unfortunate because the senior managers, in most cases, are faced by a variety of operational issues and may not have the time to focus on strategic concerns, such as training and further developing middle managers (Boldy, Cloher &

Barracclough, 1989). This has been identified as an issue as it indicates that middle managers may manage issues that they have limited expertise in (Boldy, Cloher & Barracclough, 1989).

To enable Australian health service managers to further build up their skills with the provision of education and training, Harris, Harris and Tapsell (1993) identify 10 management competencies they must possess. These include abilities to,

- Communicate the organisational direction and implement change,
- Swiftly react to unforeseen events.
- Plan ahead.
- Empathise.
- Listen and respond effectively to other's statements and feelings.
- Read the politics of a situation and act accordingly.
- Build an effective team.
- Focus on more than one issue at a time.
- Ask the right questions.
- Look behind the figures.

While the delivery of the training and education of the competencies, should be delivered through formal academic courses. They do acknowledge the existence of some barriers that they say limit the growth of these competencies (Harris, Harris & Tapsell, 1993). Some of the barriers identified include academic courses not offering subjects that allow for the development of these skills; insufficient time; and education and training being viewed as an

unworthy investment by health service managers (the later point also highlighted by Leggat (2007)).

As much as there is enough reason to conclude that certain competencies are important and should be developed by health service managers, the mode of acquisition still raises questions, as they cannot only be advanced by undertaking formal academic courses (Armstrong, 2006). To develop these competencies better, 'on the job' training and mentoring by senior executives of the health service is highly recommended. This has already been identified by some Local Health Districts within NSW Health, which has resulted in the development of the Graduate Management Program (SWSLHD, 2012). This program allows participants, some of whom may be new to the health system to undertake their Masters in Business Administration majoring in Health Service Management while working closely with senior executives of the health service. A review of the graduate program was undertaken and highlighted a dramatic lift in the standards of professional development for the managers within Local Health Districts (Patrick, 2011).

While various forms of graduate management trainee programs have proliferated in the various public health services since the early 90's there is nonetheless no evidence that health service managers universally benefit from such an investment (Patrick, 2011). Clearly, leadership skills can be enhanced through formal education programs and better mentoring by other senior effective leaders (Owen, 2012). However, this does not mean that anyone can become an effective manager or leader by virtue of his or hers formal training or mentorship. Part of the



failure in management is not a failure in training and development, but a fundamental failing in selection. Leadership skills cannot be gained to a sufficient degree where no basic talent exists (Doh, 2003). It is through effective training and experience that such people enhance and advance their leadership skills to become leaders that are more effective.

It is important to note that the need for training and development is not exclusive to the health service. Innovation and Business Skills Australia (IBSA, 2011) published a report identifying the major leadership and management challenges in Australia. This report was based on previous recommendations that were made in the Karpin's 1995 report (IBSA, 2011). IBSA (2011) noted that, when assuming new managerial roles from previous technical roles, new managers tend to have impracticable prospects as new managers expect to command more control within the organisation and do not have an understanding of the need to drive change. This is common within the health care setting where staff that are primarily technical are often elevated to management positions with little or no prior management knowledge.

One of the major factors affecting the management in Australia is leadership and it was stated that there is a need to nurture leadership skills of Australian managers (IBSA, 2011). The difference between leadership and management will be discussed in greater detail in a later section, but from the IBSA's (2011) viewpoint, formal education structures such as Universities and TAFEs do not provide sufficient education on leadership. This has resulted in a lack of sustainable businesses.

As referred to above, sustainable development is another management issue that has been noted by the IBSA (2011). Sustainable development has become increasingly important after the Global Financial Crisis as it highlighted the need for social responsibility (IBSA, 2011). It has also become clear that there is a need to educate future managers on these issues and more generally on business' ethical issues to ensure that there is a greater understanding of how the larger community is affected (IBSA, 2011). Organisations should implement 'green' strategies as a way of improving their sustainability as hospitals are the largest consumers of electricity (and therefore energy costs) of any public service (IBSA, 2011). Hospitals stay open 24 hours per day, seven days per week, are constantly air-conditioned and employ lots of heavily energy reliant equipment. Aside from the sheer amount of waste they produce, hospitals could clearly benefit from 'green' strategies if only to contain costs.

Another management issue that has been identified is the lack of diversity within management, such as gender, age and race. There is a need to redress a lack of diversity within management and there needs to be greater inclusion of those groups not traditionally associated with senior management positions within large organisation in Australia (IBSA, 2011; Walt & Ingley, 2003). In particular, it is suggested that there should be a greater proportion of females than what currently exist and people from diverse cultural backgrounds in senior management positions (IBSA, 2011). This need also includes a wider demographic shift in Australian (as in most Western) society, the aging of the Australian population. There will be a gap in knowledge management due to the high proportion of 'baby boomers' reaching retirement age and leaving the workforce (IBSA, 2011). Hence, there should be strategies in place to overcome these

issues. Stemming from this, is the large gap in the workforce that the retiring 'baby boomers' will leave in general, not only in managerial positions (Chen, 2011). This is especially true in the health care setting as there is a significant number of staff and managers who are part of this age group. For example, it is estimated that 25% of the nursing workforce plan to retire in the next five years (International Centre for Human Resources in Nursing, 2012).

## Differences between Public and Private Organisations

Now that the key issues management faces are clearer, the repeated distinction made between the public and private sectors needs to be explored in greater detail to support the proposition that effective management in the public and private sectors may be quite a different thing.

Indeed, there are considerable differences between public and private organisations in relation to their governance structure, governance arrangements and human resources management.

The public or Government sector is made up of organisations that are owned and run by the Government (Rainey, 2009). In Australia, these bodies encompass health, education, transport, and other regulatory sectors. The private sector on the other hand comprises of organisations like health facilities and services, education including schools and universities as well transport, including transport infrastructure that are owned and operated by individuals or private entities.

Numerous studies have been undertaken seeking to identify the dissimilarity between the management in the public and private sector. Differences have been identified in governance structures, job satisfaction, human resources management and leadership styles (Lee & Wilkins,

2011). The first and most fundamental difference according to Shaw (2004) is the source of funding. The public sector is funded by taxes whereas the funds for the private sector are raised by venture capital (Shaw, 2004). This is true as public organisations are fully dependent on the government to pay salaries for workers in addition to building and improvement of infrastructure (Whitaker & Drennan, 2007). Private organisations are by contrast are self-funded.

### *Governance Structure, Management Appointments and Management Styles*

There are both differences and similarities in the governance structures of public and private organisations. In a private organisation, shareholders appoint a board of directors who then in turn appoint and monitor the managers (Armstrong, Jia & Totikidis, 2005). In the public sector, the Minister generally through the Director General appoints the Chief Executive. The Chief Executive then appoints and monitors the managers. In some cases within the public sector, a Board is also appointed to monitor the Chief Executive and other managers within the service.

Even though there are some common features in the organisational structures and the appointment of boards in both private and public sector, that the differences outweigh the similarities (Bradley & Parker, 2001). Senior managers within the private sector place a lot of emphasis on morale, productivity, efficiency and growth whereas those in public sector place greater importance on quality, effectiveness, public service and value to the community (Bradley & Parker, 2001).

Anderson (2010) reported that differences were found with the leadership behaviour of public and private managers and executives. Differences in the leadership behaviour include the way in which public and private managers lead and motivate their staff (Anderson, 2010). There were no differences found with decision-making styles of managers and executives in public and private organisations (Anderson, 2010). This statement by Anderson is not supported by Boyne, (2002) who states that in the public sector there are more formal procedures for decision making; this makes private organisation more risk adverse.

### *Difference in Organisational Structures*

The organisational structures between private and public organisations differ and as result of the public sector having more formal procedures, this results in more bureaucracy, more red tape and lower managerial autonomy in public organisations when compared to the private entities (Boyne, 2002). There is greater bureaucracy in public organisations than in private bodies resulting in lack of incentives for successful innovations (Boyne, 2002). It is clear that Boyne (2002) believes that due to the amount of bureaucracy within the management structures of the public service it leads to inefficiency. This is a very general statement and one that is not necessarily true across all public sectors. Within the health service, a great amount of thought is put into successful innovations aimed at improving the performance of the health system. A prime example of this is the development of the Electronic Medical Record (eMR) which will have benefits for both the service providers and the patients.

The prevalence of red tape in the public sector paints a picture of a system that has an “obsession with rules rather than results” (Boyne, 2002. p. 101). This statement indicates a lack of understanding of the public service and why control mechanisms are needed (DeHart-Davis & Pandey, 2003). An example of this is the steps that are put in place whenever there is need recruit to a vacant position in the public sector. While this may be seen as red tape, it is actually a mechanism to control expenditure, and ensure the service does not exceed its budget, and also see to it that staffing numbers requested are indeed required.

### *Ownership Issues and Motivational Drive*

Public and private organisations are affected by ownership issues, private firms are owned by entrepreneurs or shareholders whereas public organisations are owned by the public in general under the custodianship of government (Boyne, 2002). It is also observes that public organisations are generally controlled by political forces as opposed to market forces (Boyne, 2002). While this is fundamentally true, it is not entirely true to state that the market has no effect on public organisations (Gray & Stockbridge, 2004). For example, in Australia, a down turn in the economy can dramatically affect the public sector, as it will have a major impact on the amount of money allocated within the budget to these services.

Another argument that Boyne (2002) raises is that, a lack of ownership in the public sector can result in a lower efficiency. He argues that since the owners and shareholders of private entities are driven by monetary incentives, they are more stringent when monitoring their managers. A well performing manager in the private sector is financially rewarded and to the contrary,

public managers, due to their vague ownership, monitoring and lack of monetary rewards, are inefficient (Boyne, 2002). It is argued that ownership within the public sector is vague as there are too many areas of responsibility and a lack of accountability (Boyne, 2002). Boyne (2002) adds that public sector monitoring is done by the members of the general public, as the majority of public services are “Public Goods”. Boyne (2002) does not suggest that the monitoring by the public is performed by the monitoring of Key Performance Indicators; rather it is a more general monitoring. An example of public monitoring is the publishing of negative stories that depict issues with the health system, such as long waiting times for emergency treatment and surgery. The monitoring of a public good such as the public service differs from the monitoring of a private organisation as generally, in the private sector, there is a direct monetary incentive for an organisation to perform well, an example of this is the monitoring of a private company by the shareholders (Boyne, 2002). The way in which public services are monitored leads to inefficiency in the public sector (Boyne, 2002).

Not all of the literature agrees with Boyne’s (2002) arguments. It is argued that public organisations are put under a greater amount of scrutiny than private organisations as they are responsible to the general public (e.g. Armstrong, Jia & Totikidis 2005). All public organisations are required to be transparent in their operations (Peters, 2006). They are required to report on significant numbers of Key Performance Indicators and are also strictly monitored on budget performance. It is also wrong to state that the monitoring done by the public leads to little or no change. Within the public sector, there is a large amount of public scrutiny, which can lead to key changes (Commonwealth Secretariat, 2002). Within the health service, there are several

instances where incidents have led to major changes. An example of this is the changes that took place to the structure of NSW Health in 2005 due to allegations of mismanagement and poor patient care occurring within hospitals outside of the Sydney metropolitan area. These changes in governance were made to guarantee better management of the hospitals (Ditzel, Strach & Pirozek, 2006). In addition, annual surveys of patients are conducted that lead to the identification of trends with subsequent strategies to improve performance. The findings of the surveys are made public. In NSW through the Bureau of Health Information, while other States make reports available on their web sites.

### *Managerial Autonomy*

Another difference that exists between private and public organisations is the level of managerial autonomy. Previous research has found that public service managers have a lower level of autonomy when compared to the counterparts in the private sector, meaning that the public sector managers are not able to manage issues in the way in which they think is best (Boyne, 2002 and Armstrong, Jia & Totikidis, 2005). While it is true managers within the public sector are required to follow policies and procedures that detail processes to be followed and what is and is not allowed it has been identified that this can be a major benefit to the manager and to the organisation. The main advantage of well-defined procedures to the organisation is that even less able managers can cope effectively with complex situations (at least up to a level), and there is a greater consistency in approach across the organisation. The main advantage to of a well-defined procedure to the individual manager is that it provides guidance and ensures that the manager is acting in a manner, which is deemed appropriate by the



organisation. The main disadvantage is that a manager can lose their autonomy and it can inadvertently bind good managers to inflexible responses to particular situations that the defined procedures do not accommodate.

### *Attitudes, Aspirations, Organisational Commitment and Job Satisfaction*

There are fundamental differences in aspirations and the attitudes of staff in private and public organisations (Wright, 2001). Public managers are seen to be less materialistic compared to private managers, and there is a belief that the staff in public organisations are there solely to serve the public (Boyne, 2002; Wright, 2001). Boyne (2002) adds that there is a belief that there is lower level of organisational commitment in the public sector as compared to the private because there is a weak link between staff performance and rewards. These two arguments seem contradictory of one another as it poses the question of how staff of the public sector can feel that they are here to serve the public yet have a lower level of organisational commitment. Boyne (2002) describes this difference as public sector staff knowing that their main role is to serve the public, however, the staff lack organisational commitment due to inflexibility of human resources procedures and the fact the majority of public sector staff are not rewarded for positive performance.

Zeffane (1994) reinforces this idea on organisational commitment; he writes that there is a difference in organisational commitment between public and private employees. Greater organisational commitment will result in greater loyalty and attachment to the organisation,

making the staff work more effectively (Zeffane, 1994). Organisational commitment is greatly affected by positive perceptions of management and fellow employees (Zeffane, 1994).

Organisational commitment is greater if executive managers placed greater emphasis on the culture and the values of the organisation (Abu-Jarad, Yusof & Nikbin, 2005).

Closely related to organisational commitment is job satisfaction (Remus, Smithey, Matthias & Johnson, 2009). Schneider and Vaught (1993) conducted research into the difference in job satisfaction of employees of public and private sector. They noted that there were no great differences in job satisfaction between employees in the public and private sector except in two main areas; the first area was in relation to remuneration (Schneider & Vaught, 1993).

There is a significant difference in the remuneration received by public and private employees, generally speaking, those employed in the private sector earn more than those employed in the public sector (Schneider & Vaught, 1993). However, Schneider and Vaught (1993) also found that on average, employees within the public sector had been employed in their positions longer compared to those in the private sector. Their report noted that employees that had not been satisfied with their pay only stayed in their roles because of other factors (Schneider & Vaught, 1993). This argument was also concluded by Boyne (2002) who stated that public service staff are thought to be less materialistic and are therefore less motivated by financial rewards.

The second difference between public and private employees as identified by Schneider and Vaught (1993) was in relation to the level of dissatisfaction that female staff felt towards their

manager. They found that female staff within the public sector were more dissatisfied with their manager compared to female staff within the private sector (Schneider & Vaught, 1993). Schneider and Vaught (1993) were unable to explain why female staff in the private sector had a greater satisfaction level with their manager when compared to females in the public sector.

### *The Recruitment Process and Staff Management*

There are differences between the ways in which the recruitment process is conducted and the way in which staff are managed (Bowen and Ford, 2002). Harel and Tzafrir (2002) noted that public organisations are less flexible in their recruitment process. They found that the public sector uses “more elaborate schemes of employee selection” compared to the private sector (Harel & Tzafrir 2002, p.337). Within the private sector the recruitment processes generally identifies an internal applicant whereas the public sector identifies applicants that are external to the organisation (Harel & Tzafrir 2002). Within NSW Health, this is not the case as the majority of recruitment processes occurs internally (SSWAHS, 2007), this is especially true of non-frontline positions, such as management positions.

Differences were also identified in relation to general human resources issues and management (Harel & Tzafrir, 2002). They found that within the public sector there is a higher level of absenteeism when compared to the private sector (Harel & Tzafrir, 2002). They also suggest that within the public sector there is less of a focus on rewarding performance financially and less of a focus on training and development (Harel & Tzafrir, 2002). Finally, Harel and Tzafrir

(2002) reported that there are differences in the management of issues such as grievance resolution and employee involvement. These differences include the level of involvement of the staff decision making, the formal chain of command in the private sector compared to the defused authority in the public sector and the way in which formal grievance management is conducted (Harel & Tzafrir, 2002). Harel and Tzafrir (2002) have identified the differences in human resources management in private and public organisations are supported by Eskildsen, Kristensen and JørnJuhl (2004).

The majority of the public organisations have rigid policies and procedures in relation to human resources. Human resource management in the public sector and more specifically, within public health, is monitored by the relevant employee unions. For example, the Health Services Union, which supports workers within support services, allied health professionals, dentists and junior medical officers, will become involved in staff management processes if that staff member is a member of their union. On a higher level, unions are also involved in the discussion regarding changes to staff awards and conditions. A recent example of a union's power within the health services is the involvement of the NSW Nursing Association in the dispute regarding nursing staff to patient ratio (NSW Nurses and Midwives Association, 2010).

This section has identified the differences and similarities between public and private organisations. It has been found that in the vast majority of cases there are differences in the way in which the public and private sector are managed and operated. This section identified that the major differences were in relation to governance structure, decision-making style,

managerial autonomy, job satisfaction, recruitment and selection and more generally, the management of human resource issues. The question that this section has raised is the impact that the differences between the public and private organisations will have on the attributes identified for an effective manager. It is safe to assume that due to the differences in the governance structure, decision making style, managerial autonomy and so on, that it would affect the type of person that is attracted to work in the public and private sectors and what attributes their staff would identify as effective.

### *Summary of the Differences between Public and Private Sector Management*

For the ease of the reader, the below table summarises the differences between management in the public and private sector, focusing on those arguments made by Boyne (2002) as they are thought to be controversial.

**Table 1: Summary of the Difference between Public and Private Sector Management**

Boyne's (2002) Arguments	Authors who Agree	Authors who Disagree
In the public sector there are more formal procedures for decision-making; this makes private organisation more risk adverse.	None of the authors reviewed for the purposes of this thesis agreed with this argument made by Boyne (2002).	There were no differences found with decision-making styles of managers and executives in public and private organisations (Anderson, 2010).
The organisational structures between private and public organisations differ and as result of the public sector having more	None of the authors reviewed for the purposes of this thesis agreed with this argument made by Boyne (2002).	None of the authors reviewed for the purposes of this thesis disagreed with this argument made by Boyne (2002).

formal procedures, this results in more bureaucracy, more red tape and lower managerial autonomy in public organisations when compared to the private entities.		
There is greater bureaucracy in public organisations than in private bodies resulting in lack of incentives for successful innovations.	None of the authors reviewed for the purposes of this thesis agreed with this argument made by Boyne (2002).	None of the authors reviewed for the purposes of this thesis disagreed with this argument made by Boyne (2002).
The prevalence of red tape in the public sector paints a picture of a system that has an “obsession with rules rather than results”	None of the authors reviewed for the purposes of this thesis agreed with this argument made by Boyne (2002).	This statement indicates a lack of understanding of the public service and why control mechanisms are needed (DeHart-Davis & Pandey, 2003).
Public organisations are generally controlled by political forces as opposed to market forces.	None of the authors reviewed for the purposes of this thesis agreed with this argument made by Boyne (2002).	While this is fundamentally true, it is not entirely true to state that the market has no effect on public organisations (Gray & Stockbridge, 2004).
A lack of ownership in the public sector can result in a lower efficiency. He argues that since	None of the authors reviewed for the purposes of this thesis agreed with this argument made	None of the authors reviewed for the purposes of this thesis disagreed with this argument

<p>the owners and shareholders of private entities are driven by monetary incentives, they are more stringent when monitoring their managers. A well performing manager in the private sector is financially rewarded and to the contrary, public managers, due to their vague ownership, monitoring and lack of monetary rewards, are inefficient (Boyne, 2002).It is argued that ownership within the public sector is vague as there are too many areas of responsibility and a lack of accountability.</p> <p>The way in which public services are monitored leads to inefficiency in the public sector.</p>	<p>by Boyne (2002).</p> <p>None of the authors reviewed for the purposes of this thesis agreed with this argument made by Boyne (2002).</p>	<p>made by Boyne (2002).</p> <p>It is argued that public organisations are put under a greater amount of scrutiny than private organisations as they are responsible to the general public (e.g. Armstrong, Jia &amp; Totikidis2005)</p>
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		<p>All public organisations are required to be transparent in their operations (Peters, 2006).</p> <p>Within the public sector, there is a large amount of public scrutiny, which can lead to key changes (Commonwealth Secretariat, 2002).</p>
<p>Public managers are seen to be less materialistic compared to private managers, and there is a belief that the staff in public organisations are there solely to serve the public.</p>	<p>The literature by Wright (2001) supported the argument made by Boyne (2002).</p>	<p>None of the authors reviewed for the purposes of this thesis disagreed with this argument made by Boyne (2002).</p>
<p>Public service staff are thought to be less materialistic and are therefore less motivated by financial rewards.</p>	<p>Schneider and Vaught (1993) also found that on average, employees within the public sector had been employed in their positions longer compared to those in the private sector.</p>	<p>None of the authors reviewed for the purposes of this thesis disagreed with this argument made by Boyne (2002).</p>



	<p>Their report noted that employees that had not been satisfied with their pay only stayed in their roles because of other factors.</p>	
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## From Context to the Individual Manager

This chapter has introduced the idea of management within Australia and more specifically management in the public health sector. The discussion in this chapter has established that many factors influence management, for example, it was discussed previously that NSW Health is a complex organisation that regularly undergoes changes to its management and reporting structure. This chapter also identified that there are management issues that are specific to the public service, for example, the literature states that there is less organisational commitment within the public sector (Boyne, 2002) and there are differences in the way in which human resources are managed (Harel & Tzafrir 2002). These differences then raise the argument that due to the complexities of the health service and the nature of the public sector that there will be differences in the attributes of an effective health service manager when compared to other areas of management. This is because the health service has issues that are specific to it.

This thesis will focus on identifying the attributes of an effective health service manager. The next chapter is a comprehensive literature review that seeks to identify the difference between a leader and a manager and the current understanding of the attributes of an effective manager with a particular focus on those attributes that have been found to focus specifically on health services managers. Chapter two will delve into effectiveness of 360-degree feedback, organisational power and the impact on feedback and will clearly list the research questions.

The following three chapters will detail the three research projects that are undertaken. The first study (chapter four), aims to identify the attributes of an effective manager by asking the staff to complete a web-based survey. The second research project (chapter five) is a survey, which will be conducted at Canterbury Hospital. The survey will ask that the participants rate themselves and their manager against the attributes that will be identified in the first study. The third study (chapter six) is a focus group with the participation of senior executives of SLHD. The executives will be asked to review the recommendations that have come from the first study and second study and asked to provide what they believe are the barriers and the opportunities associated with these recommendations. The sixth and final chapter will be the final discussion on the results from the three research studies and the implications on future research and on practice.

## Chapter 2: Effective Managers

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### Differences between a Leader and a Manager

Much has been written about the relative similarity or difference between managers and leaders. What is clear is that the roles of a manager and a leader essentially overlap and there are considerable similarities between the two. The arguments brought forth in this chapter discuss the similarities and differences that exist between a manager and a leader.

#### *Differences in Roles and Responsibilities*

One of the main areas where managers and leaders differ is in relation to their specific roles. Noting this difference is Buckingham (2006) who clearly argues that the role of a leader and that of a manager are distinctly different. A manager and a leader not only differ in their roles, but in the responsibilities they are entrusted with within the organisation (Buckingham, 2006). The skills and abilities that either defines a successful leader or manager are “oceans apart” (Ting & Scisco, 2006, p.116). According to Buckingham, great leaders and managers are born with natural ability and talent that propels their success in their respective roles. The natural skills are prerequisite to successful leadership and management roles, even though they can be strengthened through training and development (Pinnow, 2011).

The fundamental function of a manager is to bring out the best from the human resource (Tanke, 2000). A manager should show the staff that there are positive and rapid consequences for excellent or improved performance (Buckingham, 2006). Every individual possess unique skills and talents and it is the responsibility of the managers to identify, tap and utilise them

(Buckingham, 2006). There is also a clear link between focusing on a person's individualism and performance (Buckingham, 2006).

Having a loyal and committed work force drives success in organisation. It is for this reason that Buckingham (2006) states that leaders, unlike managers, can easily win the loyalty of their staff. In addition, a leader is able to discover what is collective to the staff and capitalise on this for the benefit of the organisation as well as the individual. To illustrate his point, Buckingham gives the example of the Mayor of New York, Mayor Giuliani's reaction to the terrorist attacks in September 2001. He stresses the fact that the mayor's ability to empathise with the feelings of the people of New York and his capability to articulate this perfectly, earned him the loyalty of the people of New York.

Other than the loyalty, leaders, unlike managers take time to reflect on their practices and develop the skills that are required (Buckingham, 2006). Leaders do not forget the common needs of the people, e.g. security, community, clarity, authority and respect (Buckingham, 2006). From Buckingham's point of view, the differences between a manager and leader are believed to be qualitative but important. It is significant to note that this argument has been extracted from a book written by Buckingham that seeks to inform the reader on key things that good managers should know for their individual success. It is worth noting that the tone of this book has shaped the views of the author's beliefs regarding the differences between managers and leaders.

Kotterman (2006) also offers his views on the subject, which are based on literature from previous studies. Leaders are often held in high esteem and perceived as charismatic, whereas managers are often viewed as being persons accountable for delegating the organisational tasks to others (Kotterman, 2006). Even though Kotterman admits that there are differences, he argues that there are common characteristics between their roles. Some of the common characteristics highlighted are; managers and leaders are responsible for establishing direction, aligning new resources and motivating people (Kotterman, 2006).

Managers and leaders play different roles and responsibilities, all geared towards the achievement of different goals (Kotterman, 2006). Managers are tasked with the planning and the budgeting; leaders on the other hand set direction (Kotterman, 2006). It is also observed that managers have a narrow purpose, in that they try to maintain order and organise the work process and resources, noting that a leader's role is to develop new goals and align organisations (Kotterman, 2006). Managers set the fundamental basics of the organisation, that is; control, problem solving, producing standards, consistency, predictability and order (Kotterman, 2006). Motivation and inspiration of the staff as well as the production of the potential is an overarching role that managers must accomplish (Kotterman, 2006). A leader looks into the future whereas a manager continually plans, organises and supervises.

There is a close relation between the roles of the leaders and those of the managers (Kotterman, 2006). The interlocking of these roles is what Kotterman referred to as leader-manager. A leader-manager is someone who concentrates on the long-term goals and vision of

an organisation (a term Wilson Learning Worldwide Inc. (2006) were quick to adopt). This is unlike the regular manager who mainly focuses on the organisation's structure and its shorter term goals. A regular manager is more comfortable with the status quo whereas a leader-manager is ever looking for ways to perk up the service (Kotterman, 2006).

A successful organisation must have a mixture of both leaders and managers (Kotterman, 2006). It is argued that the number of leaders in an organisation should be limited, as too many leaders may result in ineffectiveness in its operations (Pasmore, 2009). The points put forth by Kotterman are supported by Buckingham (2006), but unlike Buckingham, Kotterman bases his arguments on the differences between a manager and leader on a literature review, even though it is not known upon what evidence this literature was based. It is therefore not possible to draw conclusions from these assertions, even though the majority of the literature reviewed has similarities regarding the difference between a manager and a leader.

Ackoff (2003) essentially agrees with both Buckingham (2006) and Kotterman's (2006) arguments, however, Ackoff (2003) states that both management and leadership skills are best learnt on the job under the guidance of a good manager or a good leader. Buckingham and Kotterman argue the reverse that both managers and leaders are born with a natural ability to manage and lead.

This is an important argument given this is the basis of this thesis. It is argued that the attributes that will be identified in this research project will be innate or inherent like

Buckingham (2006) and Kotterman (2006) argue. While it is believed that the development of technical skill is enhanced by on the job training and education as suggested by Ackoff (2003), it is believed that the most useful and effective attributes a manager is born with, as argued by Buckingham and Kotterman.

The main difference between a leader and a manager is derived from the way in which a manager achieves the organisational goals (Ackoff, 2003). To achieve organisational goals, managers direct staff in any possible and available means. It is added that a manager decides what each staff member will do and how it will be done (Ackoff, 2003). To guarantee performance by the staff, managers employ the reward and punish techniques, such as disciplining staff members who do not achieve the goals set for them (Ackoff, 2003).

On the contrary, leaders tend to employ different techniques to realise organisational goals. A leader would rather guide staff than direct, and will in most cases use methods approved by the staff to achieve organisational goals (Ackoff, 2003). Leaders achieve their organisational goals by sheer charisma; managers achieve the same goals by asserting their authority (Ackoff, 2003). Yet Ackoff's assertion that leaders guide and utilise techniques that are only agreed upon with the staff seems unrealistic. There are concerns about the quality of the evidence upon which this statement was based. While it is understood that it is important to have the input of the staff in major decision making aspects of an organisation, there still needs to be some form of authority in place (Gaines & Worrall, 2011). It would be interesting to know what industry

Ackoff based these findings on and whether different conclusions would be drawn based on the situations in different industries.

From a different viewpoint, Sarros (1992) offers an Australian perspective on the differences between a manager and a leader, stating that a leader has to be a good manager. This infers that a manager can also be a leader. Sarros holds the belief that for one to be a good leader, he/she must first be a good manager, with the ability to manage him or herself. In addition, a leader should be able to identify tasks and delegate them, and as a result, allow more time for leadership tasks. Leadership is about the future, whereas management is about the present (Sarros, 1992). Similar to the literature above, Sarros agrees to the view that there are differences between the roles of leaders and those of managers through planning and organisational tasks. A good leader is identified by the team he/she leads (Sarros, 1992). Leaders should let their staff develop confidence in their own abilities and allow for greater obligation from that individual (Sarros, 1992). This is an important point, as it also to form some of the basis of the thesis. A manager that displays the attributes of an effective manager will be identified by the staff (Sarros, 1992). This is one of the arguments that this thesis makes as both the first study and the second study require the participants to rate their manager, and in the case of the second study, anyone they feel they know well enough, against descriptors. Managers that have been found to display the attributes of an effective manager will be identified through the feedback of the staff. Therefore, in line with Sarros' point, both the first and second studies will rely on the selection of effective managers through the identification by and feedback of the staff.



The differences identified by Sarros (1992) are based on interviews he conducted with leading business and Chief Executives from well-established public and private Australian companies and organisations. On a closer review of the answers given by these executives, it is not clear how these conclusions were drawn and it is thought that the conclusions are drawn from opinion only, rather than solid evidence. This is made clear when a participant commented that, good leadership is like magic that is sprinkled on top of good management (Sarros, 1992). Another concern worth noting is that the number of the senior executives who were interviewed, and how many of their views were ultimately published is not divulged. Another crucial difference between a manager and a leader is the differences in the focus placed on decision-making and communication flows (Gini, 1997). Whereas a manager focuses on how decisions are made and how communication flows in an organisation, a leader centres on what decisions are made and what he or she communicates to the staff. Leaders are engaged in organisational strategies while managers are involved in the operations of the organisation (Gini, 1997).

Tatum, Eberlin, Kottraba and Bradberry (2003) agree with Gini (1997) in that there is a difference between the decisions making process of leaders and managers. Tatum et al. (2003) refer to leaders as transformational and managers as transactional. It is argued that leaders are generally charismatic individuals who create a positive view of the future and inspire their staff, while managers are normally more task-oriented and spotlight on solving problems and setting clear goals for the organisation (McGee, 2009).

The difference in the decision making process between leaders and managers is based on a number of factors that are considered before a decision is made (Tatum et al., 2003). Leaders tend to analyse and weigh their decisions before they make it (Thompson, 2010). On the contrary, the decision making process of managers is considered as incomprehensive as their decision making is limited as managers, unlike leaders, managers are less like to think about greater issues before making a decision (Tatum et al., 2003).

Due to the differences in decision-making styles between managers and leaders, workplace justice issues are affected. This observation is drawn by Tatum et al. (2003) who point out that both leaders and managers are expected to create a fair and just workplace. Moreover, Tatum et al. (2003) identifies that leaders are more concerned with social justice issues, such as the wellbeing of the staff unlike the managers who are alleged to be more concerned with structural justice, such as solving problems as well as rewarding and disciplining staff. Using a survey on management and leadership attributes, it was noted that the differences between a leader and a manager could be drawn. Those who rated themselves higher than their staff did were generally managers. Contrary to the managers' ratings, leaders rated themselves at the same level as their staff (Tatum et al., 2003). In their justification of these findings, it was argued that it is because leaders tend to be more self-aware and are able to monitor themselves compared to managers (Tatum et al., 2003).

Throughout the literature reviewed and arguments discussed by different scholars, it is clear that leaders and managers differ in various ways. Most scholars conclude that whereas a manager concentrates on the day-to-day activities of the organisation and motivates staff by using rewards and discipline, a leader tends to be a charismatic individual, who sees the bigger picture and is constantly planning (Davenport & Harding, 2010). Despite this research, there is a need for greater clarity on the differences between managers and leaders on the one hand, and any similarities on the other. Any future research would either need to accommodate the known differences and focus their enquiry to leaders and managers defined in a narrower and unique way, or defined in a broader way that looked to a common function that both share. Either way, articulating what we mean when we say 'manager' or 'leader' is clearly critical, and for the sake of keeping this thesis' focus as wide as possible for the moment, the following sections rely on a very broad definition of manager. Managers are defined for the purpose of this thesis, as anyone who has responsibility for the oversight of the efforts of others within the organisation (Goldsmith, 2011). Defined in this way (at least for the time being) the term 'manager' encompasses (rather than excludes) individuals that might otherwise be referred to as supervisors, heads, team- leaders, directors, coordinators, chief executive, and of course managers and leaders of various types.

## Leadership Theories

The above sections have identified the differences between a leader and a manager. In particular, it was identified that one of the main differences between the two was the roles and responsibilities within the organisation. This section now intends to identify how leadership

theories have evolved over time and the differences between four main leadership styles; these are ethical, authentic, distributional and engaging leadership

Looking back at leadership theories overtime, it is clear to see that there has been a change in the leadership theories and the traits that are associated with an effective leader. Chemers (no date) details a brief history of leadership theories over time. Chemers (no date) states that in the 1920's – 1930's leadership theory mainly focused on the identification and study of effective leadership traits, in the 1940's-1950's leadership theories looked at psychology behind leadership and in the 1960's- 1970's leadership theories identified that to be an effective leader you must match be able to match behaviours and strategies to specific contexts. In the 1980's -1990's there was a focus on transformational leaders (Chemers, no date). More recently in the 2000's it has been found that effective leadership relates to the confidence of the leader and the group collective confidence in the performance of the team (Chemers, no date). Interestingly, Chemers (no date) states that focusing on individual effective management traits to universally fit all leaders was found to be irrelevant as traits had to be specific to the industry that the leader was leading in. This is the strength of the research projects in this thesis as it seeks to identify effective management/leadership traits that are specific to the NSW health service.

The changing face of leadership has been identified in other research. Martin (2007) conducted a study in the United States of America on the changing face of leadership. Eighty-four percent of the respondents in the study stated that the definition of effective leadership has changed

within the last five years. It was identified that the high priority in leadership involved new approaches including flexibility, collaboration, crossing boundaries and collective leadership (Martin, 2007). Martin (2007) verified these results with the inclusion of a large international sample from Europe and the Asia- Pacific region and found that this was an emerging trend globally. Below is a summary of emerging leadership theories.

### *Ethical Leadership*

Ethical leaders are important to the organisation as leaders are the major influence on ethical behaviour in the workplace (Mihelic, Lipicnik and Tekavcic, 2010). According to Berenbeim (2006), there are three factors that make an ethical leader, these include, a person that does not hide from debate or robust discussions, are active participants in the robust debate and/or discussion and finally, understands that institutional sustainability comes first. This is a very basic overview of what makes an ethical leader.

The understanding of Mihelic, Lipicnik and Tekavcic (2010) of what makes up an ethical leader is slightly more detailed. Mihelic, Lipicnik and Tekavcic (2010) state that an ethical leader is one who lives to the principles of conduct that are most important for them. Further, Mihelic, Lipicnik and Tekavcic (2010) state that an ethical leader is one who asks questions about what is right and wrong and sets examples for their subordinates. The characteristics of an ethical leader include, being humble, concerned for the greater good, honest, straightforward, fulfils commitments, is fair, takes responsibility, shows respect, stands up for what is right, serves others and finally encourages and develops others (Mihelic, Lipicnik and Tekavcic, 2010).

It will be interesting to note whether any of the attributes that have been identified as being linked to an ethical leader will be identified as the attributes of an effective health care manager. In addition, what is interesting is why these attributes are only associated with leadership rather than management. Given the discussion above regarding the differences between a leader and a manager, none of the attributes listed by Berenbeim (2006) or Mihelic, Lipicnik and Tekavcic (2010) seems to fit specifically into the traits of a leader. Could not these then be identified as attributes of an ethical manager, what makes these specific to a leader.

### *Engaging Leadership*

Close to an ethical leader is an engaging leader. Alimo-Metcalfe, Alban-Metcalfe, Bradley, Mariatatan and Samele (2008) state that engaging leadership is a style that shows respect for others, concern for staffs wellbeing and an interest in their development. An engaging leader is one that is inclusive, involves their team and is open and transparent. (Alimo-Metcalfe et al. 2008). According to Alimo-Metcalfe et al. (2008), the impact that an engaging leader can have on an organisation is great. Alimo-Metcalfe et al. (2008) state that an engaging leader allows the organisation to cope with change and is fundamental for shaping the future of the organisation. Alimo-Metcalfe et al. (2008) state that it is important to create a culture of engaging leadership as it is associated with the positive performance of teams, high levels of staff motivation, job satisfaction, job and organisational commitment. Further, staff who work for a leader that displays the attributes of engaging leadership have higher levels of fulfilment, self-esteem, self-confidence and reduced levels of stress (Alimo-Metcalfe et al. 2008).

It is important to note that Alimo-Metcalfe et al. (2008) discussed the attributes of an engaging leader in the context of the changes that are taking place in the National Health Service (NHS) in the United Kingdom. Alimo-Metcalfe et al. 2008 states that the changes that are taking place, would be better managed if the leaders of the NHS were engaging leaders. Meaning that if the leaders of the NHS were classed as engaging, there would be better outcomes for the service as there would be better staff engagement and a better working environment for the staff. It may be fair to say that this would in turn result in better outcomes for the patients and clients of the NHS. This in turn could then be applied to other health services around the world.

However, once again, the question is raised regarding what makes these attributes specific to an engaging leader not a manager. Based on the literature reviewed for the differences between a leader and a manager, none of the attributes identified by Alimo-Metcalfe et al. (2008) are specific to a leader. It is fair to say that these attributes could be applied to both a leader and a manager. It will be interesting to see whether these attributes are identified in this research project as being associated with an effective health service manager.

### *Authentic Leadership*

Authentic leadership is the ability to construct and successfully communicate the identity of the organisation (Tieman, 2009). In other words, authentic leadership is the ability to communicate the shared understanding of who the organisation is and what the organisation is trying to achieve (Tieman, 2009). Further to this, Kerfoot (2006) states that an authentic leader is one that is relationship-centred and brings love and hope to the organisation. A leader cannot

describe themselves as an authentic leader, rather only the people who experience that leader (Kerfoot, 2006).

What is interesting to note, is that an authentic leader has been found to be especially important in health care. According to Kerfoot (2006), some nursing disciplines in the United States have identified that authentic leaders are important in the health care setting as it leads to better patient outcomes, greater staff retention and greater financial outcomes. This is interesting as further in this literature review, arguments will be made that attributes of an effective health care manager have the same impact in health care. Specifically, that a manager that displays the attributes of an effective health care manager will be found to improve staff attraction and retention and have positive impacts on patient outcomes.

### *Distributed Leadership*

Distributed leadership is about leadership practice, rather than leadership roles and responsibilities (Spillane, 2005). Distributed leadership is the devolution of management responsibilities to other members in the team that work well together and respect each other. Distributed leadership arose due to a belief that leadership involved more than one person leading the organisation (Gronn, 2008). Gronn (2008) argues that there should be less reliance on distributional leadership and actually states that distributional leadership has been found to be highly unremarkable.



What is interesting to note is that the majority of the literature that was found on this area involved the use of this leadership style in education. These were found not to be useful in relation to this thesis mainly because it was identified that distributed leadership was associated with practice rather than style. Further, it was found not to apply to the health service due to the different structure of the health service compared to that of education. What may work well in one system may not work well in another.

### *Leadership Theories and Measures of Effectiveness*

The above discussion raises the issues of how effectiveness is measured. Chemers (no date) has stated that the current measure of effectiveness relates to how confident the leader is and in turn how this affects that greater group within the organisation. Further, Martin (2007) has found that the measure of an effective leader relates to their approaches to flexibility, collaboration and crossing boundaries. Further to this, the four leadership theories that were discussed above identified an effective leader as one who displays attributes associated with that individual theory. Based on the above, it is believed all leadership theories try to measure effectiveness and try to identify traits that are associated with effective leadership based on the specifics of that theory. The research projects in this thesis are no different as it seeks to identify the effective leadership/management traits that are associated with an effective manager within the NSW health service. There will be greater discussion in a later chapter on the measure of effectiveness and the important role it plays in the development of this thesis.

## Current Understanding of the Attributes of an Effective Manager

### *Attributes of a Manager - General*

Different people hold varied views on the key attributes of an effective manager. In his contribution to this issue, Kimes (1988) identified 20 attributes he argues define an effective manager. These include; skill based and education level traits, for example, one must possess the technical expertise in the area being managed which is attained through sufficient formal education and also adequate understanding of how well to manage a budget (Hartson & Pyla, 2012). Kimes (1988) gave relatively little weight to other non-technical competencies. Since the 1980's focus has shifted from technical competencies because their presence, while essential to doing the job, in no way guarantees that a manager will be deemed as an effective manager (again broadly defined) (Walsh & Linton, 2002). Research has increasingly focused on what might be termed as interpersonal and characterological factors that better predict the effectiveness of the manager in terms of bringing out the best in those they supervise.

### *Personal Attributes*

Personal attributes such as lack of fear of conflicts, being energetic and having a positive attitude are also cited as being very important recipes of a good leader (Kimes, 1988). Even though these traits may be crucial for an effective manager, Kimes (1988) failed to state how they were identified. The attributes identified by Kimes (1988) seem to be based on his observations and do not seem to be based on any evidence other than his personal opinion. The inclusion of Kimes (1988), reference is deliberate and important as it gives the reader a historical perspective on the attributes that define a successful manager.

It was concluded that the physical traits of a person such as height and weight have no impact whatsoever in determining whether a person can make a successful manager or not (Schermerhorn, Campling, Poole & Wiesner, 2004). Schermerhorn et al. (2004) placed emphasis on the importance of personal attributes that a successful manager is expected to possess. Some of the personal traits identified as being of importance are; drive for success, self-confidence, creativity, cognitive ability, business knowledge, motivation, flexibility, honesty and integrity (Kusluvan, 2003).

Buckingham (2006) profiled various successful organisations and their respective managers, ranging from the store manager at Walgreens to senior executives of the large mining company like Rio Tinto. Their profiles focus on large organisations and what he deems are successful managers within these organisations (Buckingham, 2006). The traits and skills possessed by these managers that are utilised to propel their businesses to success are identified.

It is approximated that 15% of an organisation's success (here measured as return on investment) depends on effective management (Buckingham, 2006). Success is measured by how well the organisation is performing, for example, how much revenue the organisation generates. It is crucial that successful management is identified at all times in organisations. Effective management is achieved by bringing out the best in each employee (Buckingham, 2006). This can better be done by letting the staff understand that there is a positive and

immediate consequence of every action (Buckingham, 2006). Buckingham (2006) also emphasised the need to notice and celebrate improvement

An effective manager should be able to express to the employees that he/she cares about them. There is a causal link between the level of productivity and the staff's perception of how caring their manager is (Buckingham, 2006). In this regard, it is argued that the more the staff's feels cared for, the less likely they are to miss workdays, steal and to leave. This as a result presents a favourable environment for higher production levels (Buckingham, 2006).

Every employee possesses a unique trait that an effective manager must have the capability to spot, then nurture and utilise for the benefit of the organisation and the well being of the employee (Buckingham, 2006). Buckingham (2006) gave an example of an employee of Walgreens who had a particular talent for sales. The staff member believed that she had this talent due to her excellent interpersonal skills and her ability to freely interact and speak with the customers. Even though such an employee may be a proficient accountant, a competent manager should be able to tap the sales skills and instead have her in the sales or customer relations, with her approval and interest. Buckingham acknowledges that there is a link between focusing on and promoting individualism and performance.

It is said that 'no man is perfect'; this means that even the strongest and untainted characters have their own shortcomings. Buckingham (2006) seems to agree with this statement by suggesting that an effective manager must be able to identify staff's strengths and weaknesses.

An effective manager should be able to quickly learn and understand what triggers and motivates his or her subordinates and how they best learn (Buckingham, 2006). Managers who possess these attributes are able to better work with staff and can more easily identify how to keep them motivated (Buckingham, 2006).

Even though Buckingham (2006) presented strong arguments on what he believed are the attributes of an effective manager, some of which are easily generalised, there is no evidence that all are connected to the public sector more generally, or the health system more specifically. He mostly focused on large American corporations, most of which, are involved in the selling of products. It is therefore not possible to tell if the theories advanced by Buckingham (2006) are relevant in a system that is not sales based.

Irrespective of the strong case brought forth, Buckingham's (2006) is principally based on personal opinion. Much like Kimes (1988) and Schermerhorn et al. (2004), Buckingham fails to set out and test the identified attributes and whether they really do make an effective manager. While Buckingham provides detailed examples of managers in corporate America, other factors influencing these organisations are ignored in the analysis as to the impact that they have on the identified attributes.

In relation to the above literature, one of the major limitations that has been identified has been that the authors Buckingham (2006) Kimes (1988) and Schermerhorn et al. (2004) based their conclusions on personal opinion. While it has been stated as a limitation of their

literature, it is important to note that literature on this topic is limited in the ways that it can identify attributes of an effective manager. The authors cited above are experts in their field and their personal opinion should not be discredited. With that in mind, their arguments on the attributes of an effective manager would be strengthened if there were the inclusion of empirical research. However, what is unknown by the researcher is whether they have based their current argument on previous studies which have not been cited in their current text.

Just like Buckingham (2006), Engel (1998) also details the attributes of an effective manager and how they can be used to attain business success. Engel profiled successful organisations and managers. It was concluded that there are nine attributes of an effective manager, these are; hunger for success, intelligence, energy, tact, persuasiveness, humour, courage, optimism and creativity (Engel, 1998). These attributes are discussed in detail below.

### *1. Hunger for Success*

Hunger for success is the most important characteristic of effective managers (Engel, 1998). Hunger is described as the desire, need and passion to succeed in all of the organisational undertaking (Engel, 1998). Even though hunger is the most important characteristic, it does not always necessary mean that the person is going to succeed (Engel, 1998). There are other attributes and characteristics that must accompany hunger (Engel, 1998).

### *2. Intelligence*

The second most important feature an effective manager is identified with is intelligence (Engel, 1998). Even though defining intelligence may be complex, Engel (1998) states that it is easily identifiable. Not all intelligent people can make effective managers (Engel, 1998). Interestingly, high intelligence can carefully conceal almost all weaknesses, except for a lack of drive (Engel, 1998). From this point on the remaining attributes are listed in no particular order.

### *3. The Physical Strength*

Energy is defined as having the physical strength to complete the job as needed (Engle, 1998). This may call for good physical health, which is generally required as an unhealthy person may generally lack the energy needed to carry out the functions of the position.

### *4. Tact*

Tact is defined by Engel (1998) as the ability of the manager to deduce how far the staff can be pushed to change the direction of the organisation.

### *5. Persuasiveness*

This is identified by Engel (1998) as the fifth key trait of an effectual manager.

Persuasiveness is the ability to talk people into doing what needs to be done (Engel, 1998; Eller, 2009). Intelligence and hunger are identified as being closely related to persuasiveness.

### *6. Sense of Humour*

Humour, is an extremely imperative attribute of that an effective manager must possess as it is used to release pressure in a stressful situation (Engel, 1998).

### *7. Courage*

An effective manager must be courageous. Courage is identified when an individual dares to try out the unknown and take risks. It is argued that it is one of the most important characteristics of a valuable manager (Engel, 1998).

### *8. Optimism*

Optimism is one of the nine crucial attribute of a successful manager (Engel, 1998).

Optimism is defined as the ability to stick to the belief that things will work out well despite the presence of obvious risks (Engel, 1998). Optimism blends well with the attribute of courage and they are often used together (Engel, 1998).

### *9. Creativity*

Creativity closes the list of the nine attributes of an effectual manager as stated by Engel (1998). An effective manager does not necessarily have to be creative, but rather possess the ability to identify commendable creative ideas. He also identified that this attribute must be used in union with the other eight attributes that have been discussed (Engel, 1998).



Further to Engel (1998) assertion that a good sense of humour was an attribute of an effective manager, Decker and Rotondo (2001) carried out a study on the relationship between gender, humour and being an effective manager. In the study, it was observed that, employees rated a manager's effectiveness higher if they perceived their manager as having a good sense of humour (Decker & Rotondo, 2001). However, a sense of humour is only a plus to those managers who possess other attributes, such as the ability to define job roles, friendliness to the subordinates, being supportive and creating a positive work environment (Adair, 2009). Tauber and Mester (2007) also expressed their belief that there are differences in the use of humour between males and females.

In research that Decker and Rotondo (2001) later conducted, four hypotheses were drawn that looked at the use of humour and the effect of manager's gender. It was reported that there was evidence to prove that the use of humour did indeed increase the perception of a manager's effectiveness (Decker & Rotondo, 2001). In addition, females were reported to be greatly advantageous whenever positive humour was used, that is, non-sexual and non-racist humour (Plous, 2003). While drawing their conclusion, Decker and Rotondo encourage the use of humour by managers, as it is perceived to create the perception of greater effectiveness. The research by Decker and Rotondo was very specific and mostly focused on the one specific management attribute. Their research and the conclusion drawn were based on the literature that they had reviewed. Had they conducted the research themselves, their findings would have carried more weight.

### *Gender Issues and Effectiveness*

Xie and Whyte (1997) discuss the differences in gender and the implications of this on the attributes of an effective manager. Based on biological and hormonal differences, it is argued that there are by and large differences in management styles exhibited by males and females (Xie & Whyte, 1997). Males are perceived to be more aggressive, strong, rational, self-confident, competitive and independent. On the other hand, it is argued that women are generally viewed as being warmer, emotional, gentle, kind, understanding and are more aware of other's feelings (Xie & Whyte, 1997).

In their research, Xie and Whyte (1997) set out to find out whether the differences between women and men were less evident, depending on the status of the manager within the organisation; they actually believed there would not be much difference. The main reason why Xie and Whyte (1997) did not see any differences based on sex was that, when managers select other managers, it is mostly based on comparable characteristics and attributes that individuals possess. In the study, a large database of physiological profiles was reviewed. The database was obtained from an assessment centre that is involved in the evaluation, and counselling of managers (Xie & Whyte, 1997).

It was observed that there were fewer gender based differences in the higher management of organisations (Xie & Whyte, 1997). The greatest level of gender differences was present between those without managerial responsibility and first line managers (Xie & Whyte, 1997).

These findings and conclusions are disputable. This is because, at the time this study was conducted, only two women occupied senior executive positions as compared to 274 males. At all managerial levels examined, there were significantly less women than men.

Even though the Xie and Whyte (1997) study does not rigorously focus on the attributes of an effective manager, it means that there is a relationship between the attributes possessed by males and their likelihood of being successfully promoted. Does this imply that male attributes will make you a more effective manager? It will be interesting to see in this thesis whether any gender differences will be identified from the data that is collected.

### *Emotional Intelligence*

Many scholars have made attempts to link emotional intelligence to effective management.

Emotional intelligence is defined as the ability to monitor your own, and others' feelings and beliefs and have an understanding of why people take the actions that they do (Sosik & Megerian, 1999). From their observation, it was argued that there is a correlation between effective management and high emotional intelligence (Sosik & Megerian, 1999). Others added that, the emotionally intelligent managers possess a high degree of self-awareness, which allows them to compare their management skills against the information that they receive from others (e.g. Roussel, 2011). Such managers are therefore able to adjust their own behaviours.

In the study conducted, Sosik and Megerian (1999) intended to ascertain whether emotionally intelligent managers performed better in their managerial roles. The study, asked the managers

to rate their own emotional intelligence. Later, their subordinates were asked to rate their managers' emotional intelligence (Sosik & Megerian, 1999). The managers were then asked to rate their managerial performance. It was reported that there was a correlation between emotional intelligence and performance, therefore indicating that, emotional intelligence is an important element of an efficient manager (Sosik & Megerian, 1999).

### *Cultural Effects on Effective Management*

Boldy, Jain and Northey (1993) conducted a study that aimed at identifying the differences between various attributes of a successful manager across four European countries; Sweden, Belgium, Germany and Spain, it was discovered that cultural issues also impacted on management style. Using the data collected in 1988 from university students in the four countries, the research set out to identify the features of an effective manager (Boldy, Jain & Northey, 1993). In the study, the students were asked to rate on a five point scale, 60 attributes based on various categories, i.e. personality characteristics, knowledge and learning, skills and beliefs and values (Boldy, Jain & Northey, 1993). They were then asked to rate using a five-point scale ranging from a score of two, indicating that the attribute will greatly help managerial effectiveness, to a score of minus two, which indicated that the attribute will immensely hurt managerial effectiveness.

The final outcome report showed that the results between the four study countries varied (Boldy, Jain & Northey, 1993). For example, the personality characteristics which the Swedes rated as being most important was; ambitiousness, self-confidence, being energetic and

authoritative, and the most important skill was decision making (Boldy, Jain & Northey, 1993).

On the other hand, the respondents from Belgium highly rated being open-minded, energetic and practical as being the most important attribute for an effective manager while the most important skill was identified as being able to plan and evaluate (Boldy, Jain & Northey, 1993).

The Germans highly rated self-confidence, energetic and competitive as the most important attributes recipes of an effective manager and identified decision making as the most important skill (Boldy, Jain & Northey, 1993). Findings from Spain showed that being practical, businesslike, supportive and thoughtful were highly valuable personality traits that an effective manager should have (Kolthoff, Huberts & Van Der Heuvel, 2007). Just like most respondents from other study countries, respondents from Spain listed decision making as the most important skill (Boldy, Jain & Northey, 1993).

It is argued that had the participants of the research project been practicing managers and not university students, the findings from this study would have been stronger. This is because practicing managers would have had a better understanding of management requirements. Some explanations on cultural differences and norms, as well as the impact that this could have when identifying effective manager attributes would have added more weight to the research findings of this study. For example, if it is culturally believed that forcefulness is positive than it might be expected to see this reflected as a positive trait that managers from such cultures should demonstrate.

More generally, virtually all the research presented thus far on the attributes of effective managers relies on experience and data derived from the private sector, and absolutely none of it relates directly to the health sector. It has already been discussed in an earlier section how private and public organisations are different in many ways important to management. In many respects these factors are even more pronounced in the public health sector as health occupies the largest single area of government (State and Federal combined) expenditure. Public health services are as widely dispersed as public education (Chaya, 2007). Public health is by far the heaviest regulated sector; reviews and a multiplicity of reaccreditation are ongoing facts of working life. Public health has the largest and most complex organisations in the country. Finally, public health operates 24 hours per day seven days every week. It would therefore not be surprising to suppose that the manager attributes necessary elsewhere in the economy are noticeably different (at least in emphasis) to the attributes reviewed thus far.

### *Attributes of a Health Service Manager*

There are many similarities between the attributes of an effective manager and those of an effective health service manager. Harris (2006) identifies strong interpersonal skills, leadership, information processing skills, decision-making skills, resource allocation skills, entrepreneurial skills; and introspection skills as some of the most vital characteristics of an effective health service manager. Most of the statements made by Harris are based on the knowledge acquired from other literature and these attributes have not been tested and proven through research.

Other than Harris (2006), four other studies have been conducted mainly focusing on the attributes of an effective manager within the health service. The first study was conducted by Upenieks (2003) who sought to make out what constitutes effective leadership and management by studying the difference between the perceptions of magnet and non-magnet nurse managers. A magnet hospital is defined as one that has the ability to attract and retain nursing staff (Upenieks, 2003). During the study, nurse managers in four hospitals in two different States in the USA were asked three questions in relation to their management style and the organisation in general. Two of the hospitals were accredited magnet hospitals and the other two were not.

A magnet hospital is a concept that was developed in the 1980's in the USA as it was discovered that while there was an international shortage of nurses, some hospitals were not only able to retain their nursing staff but were also attracting nursing staff to the hospital (Armstrong, 2005). A magnet hospital has been identified as a hospital that empowers the nursing staff by ensuring that they have greater autonomy, good relationships with their manager and colleagues, were led by a powerful nursing leader and were involved in the development of policies and procedures (Armstrong, 2005). The benefits of a magnet hospital include greater retention of nursing staff, greater recruiting power, reductions in costs and most importantly greater patient outcomes (Armstrong, 2005).

The findings from the research by Upenieks (2003) showed that most participants in both the magnet and non-magnet hospitals were of the view that the most valuable and effective

management attributes are; honesty, credibility, supportiveness, visibility, having a passion for nursing, working collaboratively with others, flexibility and of course, clinical knowledge. An effective nurse manager was identified from the study as one who is not easily swayed (Upenieks, 2003).

Also identified in the study was the difference between the attributes of an effective manager as perceived by a nurse manager in a magnet hospital compared to that in a non-magnet hospital. It was observed that nurse managers in magnet hospitals considered honesty, supportiveness, visibility, accessibility, positivity, collaborative, good communication skills including listening, strong advocate for nursing and having good business skills as the most important attributes (Upenieks, 2003). The nurse managers in non-magnet hospitals on the other hand believed that effective management attributes as credibility, direct, self-assuredness, flexibility, fairness, strong passion for nursing, accessibility, knowledgeable, and inner strength, were the ideal attributes (Tomey, 2009).

It is important to point out that the study by Upenieks (2003) was successful in identifying the attributes that nurse managers themselves identified as being effective. Upenieks is commended for having been successful in identifying the differences in recognised effective management attributes between magnet and non-magnet hospitals. However, it is argued that had the front line nursing staff of the magnet and non-magnet hospitals been asked to identify the attributes that they believed made a successful manager, then the study's findings and conclusions would have carried more weight. Doing this would have given a greater



understanding of the differences in the management styles employed by effective nurse managers in magnet and non-magnet hospitals.

VanOyen Force (2005) also studied the effective management attributes of nurse managers within magnet hospitals. VanOyen Force focused her study on the relationship between effective nurse management and nurse retention. There is a great challenge to recruit and retain nursing staff in the United States as the nursing turnover rates are approximately 20% (VanOyen Force, 2005). She recommended that nurse managers should exercise better management styles to enhance nurse retention (VanOyen Force, 2005). Retention of nursing staff is important due to the financial costs associated with replacing nursing staff and the quality of care that is given to the patients (VanOyen Force, 2005).

In the literature review conducted by VanOyen Force (2005), some attributes of an effective nurse manager that had the capacity to lower the nurse turnover were identified. Some of the attributes cited include; a participatory management style, shared decision making and high leader visibility. These traits were said to positively impact on nurse retention rates. Other characteristics of an effective nurse manager which impacted on nurse retention rates were identified as; transformational leadership style, extroverted personality traits, magnet hospital organisational structures which supported nurse empowerment, autonomy, cohesion, tenure and graduate education (Herrin & Spears, 2007).

### *Transformational Leadership*

Transformational leadership is defined as the ability to possess three separate characteristics, charisma, individualised consideration and intellectual stimulation (VanOyen Force, 2005).

While charisma allows for a nurse manager to develop a relationship with his or her staff, individualised consideration makes it possible for the nurse manager to recognise the strengths and weaknesses of his or her staff (National Centre for Assisted Living, 2012). Intellectual stimulation grants the nurse manager greater problem solving skills, which can be attained through graduate education (VanOyen Force, 2005). Intellectual stimulation can also allow the nurse manager to mentor his or her staff (VanOyen Force, 2005).

The nursing staff working in a facility, which had been identified as a magnet hospital, perceived that they had greater autonomy in practice, had a powerful nursing executive and also felt that they were recognised and rewarded for their work (VanOyen Force, 2005). While these are not directly related to attributes of an effective manager, they are important to note. Based on this statement, an effective nurse manager would be one that allowed his or her nursing staff greater autonomy and ensured that the staff felt recognised and rewarded.

### *Openness and Staff Retention*

The most important reason why people stay in a job for a long time is the relationship they have with others (VanOyen Force, 2005). The togetherness at the workplace creates a sense of family and the ability to be open with the manager and relate to them on a personal level. It was also identified that the attributes of high energy levels, sense of humour, being

approachable and being highly visible were attributes, which were identified as being effective in nurse retention (VanOyen Force, 2005).

As much as the findings by VanOyen Force (2005) on the attributes of an effective nurse manager and the impact these traits has on nurse retention are appreciated, her findings were mostly based on literature of previously conducted research. It would have been strengthened if the literature had included more professions and/or staffing groups, as it is argued that if there were problems with nursing retention, then there would have been issues with other staff retention as well.

Also attempting to identify the attributes of an effective health manager were Jain, Boldy and Chen (1994), who focused on countries in the Asia Pacific region. In this study, Australia, United States of America, India, China, Hong Kong, Bangladesh, Indonesia, Malaysia, Singapore, South Korea and Taiwan were studied. The main trigger of the study was the knowledge that the valuable attributes of a manager may not be applicable in all cultures (Jain, Boldy & Chen, 1994). Jain, Boldy and Chen's study sought to identify the desired attributes of an effective manager based on culture.

Data for this study was collected by distributing questionnaires to university students and to practicing managers within the 11 countries. The questionnaire was separated into four sections, personality characteristics, knowledge and learning, skills and beliefs, and values (Jain, Boldy & Chen, 1994). The participants of the questionnaire were asked to rate how the listed

attributes would influence the effectiveness of their managers. The participants were asked to rate the attributes from one to five. The score of one was 'will greatly help managerial effectiveness' and the score of five was 'will greatly hurt' (Jain, Boldy & Chen, 1994).

- *Management Attributes*

For the purpose of this research, the desired effective management attributes identified by the Australian participants and how they compare with other countries will be a key focus. The most highly rated effective management attributes in relation to personality characteristics were supportiveness, thoughtfulness, tolerance, patience, practical, courteous, open minded and caring (Jain, Boldy & Chen, 1994).

- *Knowledge and Learning Attributes*

It was also reported that the attributes most highly rated for knowledge and learning were, theories of human behaviour, theories of social and political behaviour and management theories and techniques (Jain, Boldy & Chen, 1994).

- *Skills*

On the attributes most highly rated for skills, Jain, Boldy and Chen (1994) reported that diplomacy, public relations and public speaking were most preferred.

- *Beliefs and Values*

Finally, Jain, Boldy and Chen (1994) reported that the most highly rated attributes for beliefs and values was that, a manager's main concern should be productivity. The attributes with the most negative rating for beliefs and values was trust "nobody but yourself", "money is everything", "and work must come before everything else" and a "manager should maintain distance from subordinates" (Jain, Boldy & Chen, 1994).

On the analysis of the attributes highly rated by the Australian respondents, Jain, Boldy and Chen (1994) reported that they closely resembled those listed and rated highly by the participants from the United States of America. This is not surprising given the similarities in cultures. Jain, Boldy and Chen pointed out that Australian participants also had similarities with those in China, India, Hong Kong and Bangladesh in relation to knowledge, learning and skills acquisition. When one compares the Jain, Boldy and Chen (1994) study and the research conducted in this thesis, some similarities are apparent. For example, the participants will be asked to complete a survey using a similar rating scale. The main difference will be that, the proposed study will be set in one health facility within Australia and will not seek international perspectives.

The study conducted by Jain, Boldy and Chen (1994) has some obvious weaknesses. For example, the study failed to list the attributes of an effective manager; rather, the desired attributes of an effective manager. They state in their conclusion that there may be little or no correlation between what the desired attributes of an effective manager are, to what are the practical attributes of an effective manager. Questions have also been raised over the sample

size that was used, which may affect the general conclusion and applicability of the findings of the study.

Callen (2008) conducted a study that had a more specific focus than that conducted by Jain, Boldy and Chen (1994), Callen's study specifically focused on the competencies that health information managers identified as being needed for effective performance. Competencies have been defined as personality characteristic, skills, knowledge, beliefs and values that managers need to be effective (Callen, 2008). The justification of the study was to have a better understanding of the competencies needed so that education programs could be modified to suit the needs of health information university students and currently practicing managers (Callen, 2008).

To identify the competencies, Callen (2008) reviewed the then health information literature and the curriculum of Australian undergraduate degrees. Conducting a first questionnaire, the competencies that were identified were later modified based on the first questionnaire. It was reported that the final questionnaire covered 14 competency areas that included, personal and interpersonal skills, communication skills and health information systems knowledge and skills (Callen, 2008). The final questionnaire was issued to 306 health information managers within the Australian states of NSW and Victoria. The health information managers were asked to rate how important each competence was in relation to their role and they were also asked to list the competencies in order of importance from one being most important to five being least important (Callen, 2008). Also included in the questionnaire was an open-ended question,

which allowed the health information managers to add competencies that may not have been listed.

In the study findings, Callen (2008) reported that there was a variation that was based on whether the health information managers were from NSW or Victoria. The health information managers from NSW listed personal and interpersonal skills as being the most important followed by communication skills and then health information systems knowledge and skills (Grebennikov & Shah, 2008). On the other hand, health information managers from Victoria considered clinical classification and coding skills as their most important competencies, followed by communication skills and also personal and interpersonal skills (Callen, 2008).

It was reported that skills related to practical management such as, budget control and the use of computer programs were considered as having less importance (Callen, 2008). The Victorians would have seen clinical classification and coding as the most important as their hospitals are funded on case-weighted throughput. The results could be used in the development of education and training for health information managers (Callen, 2008).

There are similarities in the methodological design of Callen (2008) study and the research being undertaken in this thesis. For example, there are similarities regarding the first study and the rating system that Callen used. While there are some similarities between Callen research and the research proposed in this thesis, there are some weaknesses with Callen's research. One of the major weaknesses regards the time in which the report was written based on when

the data was collected. It was intended that the information that was gathered could be used in the development of education and training packages (Callen, 2008). There was a delay between the data collection, which occurred in 1995 through to 1996 and the publishing of the article in 2008. It is unclear if the delay with publishing the data affected the relevancy of the data collected as health information is a very technical area of health management and there have there would have been significant changes over that ten year period.

The questionnaire asked the health information manager what they thought was important. It is believed that the study could have been strengthened if different opinions had been sought. Just because the manager thinks that it is effective does not mean that it is. The proposed study will overcome this potential weakness by asking all employees of the hospital to rate those people they feel they know well enough in regards to the 10 listed competencies. It is believed that this data collection method will give a greater depth of knowledge and understanding of the competence of effective leaders in the health sector in Australia.

### *Attributes of an Ineffective Manager*

Even though Toor and Ogunlana (2009) acknowledge that a great amount of research has been conducted on the attributes of an effective manager, they believe not much has been done on the opposite, the attributes of an ineffective manager. As much as Toor and Ogunlana focus specially on construction project management, some of the identified attributes they identified are universal and may be applicable to any form of management.



It was reported, that by understanding the attributes, which make a manager ineffective, could lead to a more holistic view of management (Toor & Ogunlana, 2009). Toor and Ogunlana (2009) administered questionnaires and conducted interviews with senior managers on a large construction site in Thailand. They found that wrongful use of power; poor communication and low level of experience were some of the traits of ineffective managers (Spooner, 1999). The abuse of power and use of employing staff bullying tactics were rated as the worst characteristics of ineffective managers (Toor & Ogunlana, 2009). It was also reported that there were other factors, which affected the manager's ability to be effective, these include, a lack of resources, lack of proper planning and a lack of support from the senior management (Toor & Ogunlana, 2009).

While this study specifically focused on the construction industry in Thailand, the attributes of an ineffective manager that were identified by Toor and Ogunlana (2009) may be applicable to any professional group, for example, the use of bullying tactics. It is said that the NSW Health service has issues with bullying (Koreneff, 2005). In 2008, a Special Commission of Inquiry into NSW Health made recommendations around these issues since the Commissioner considered bullying as a serious problem (Skinner et al., 2009). It has been reported that it is especially pronounced with Junior Medical Officers, Nursing and Midwifery staff (Fry, 2012).

What is interesting is how the understanding of effective manager attributes has developed over time. There was a turn away from technical expertise identified by Kimes (1988) to extroverted personality traits as identified by VanOyen Force (2005). Surprisingly, there were

many similarities between the attributes of an effective manager in the private sector and the attributes of an effective manager in the public health sector. However, there were some differences. The attributes identified for an effective health services manager tended to have a greater people focus. While this was true for some of the attributes for the private sector, there tended to be a greater business focus and a greater focus on developing yourself for success. An example of this is the attribute of credibility, which was identified as an attribute of an effective health services manager compared to the attribute of drive for success, which was identified as an effective manager attribute for a private sector manager.

This above literature provides greater understanding and knowledge of the current attributes of effective management. However, it is believed that more research needs to be conducted into the attributes of an effective manager within the health service. While there is health related literature, it does not provide sufficient understanding of the attributes of an effective manager within the NSW Health service. As stated previously, this proposed study will allow greater understating of the attributes of an effective manager within the public health service and how effective managers can be identified.

## Summary

This chapter has sought to identify the attributes of an effective manager and more specifically an effective health service manager. The literature reviewed above has identified that there are two sets of beliefs on the attributes of an effective manager. The first being that some of the attributes are skills that are developed as a part of working in an organisation or working in a

specific role. An example of this is Kimes (1988) belief that the main attribute of an effective manager is having technical expertise in the area that is being managed. The other school of belief, which was identified throughout this literature review, is that the attributes of an effective manager are non-technical skills such as a sense of humour and creativity as listed by Engel (1998). This chapter also identified that there are differences between attributes of an effective manager based in gender and that in fact, being male could be identified as an attribute of an effective manager (Xie & Whyte, 1997). Further, it was also identified that there is a very thin line between the attributes of an effective manager and an effective health service manager. However, what is interesting to note is that generally speaking, the attributes that were identified as being associated with an effective health service manager were less technical skills, this of course does not apply to Callen (2008).

## Chapter 3: 360 Degree Feedback and Organisational Power

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### Effectiveness of 360-Degree Feedback

Formative feedback systems are used in organisations globally as a way to further develop supervisors and managers within the organisation. The most common formative feedback system that is used is 360-degree feedback. Many organisations use 360-degree feedback systems as a way to weigh their managers' performance, 360-degree assessments provide a detailed summary of a manager's job related competencies and performance especially in relation to their skills, abilities and style (Nowack, 1993). There is an increased use of 360 degree feedback as it is cost effective, allows for continuous measurement and improvement, gives detailed feedback and allows for managers to maximise their potential (Nowack, 1993).

360-degree feedback lets managers rate themselves against set skills, competencies and other performance indicators (Atkins & Wood, 2006). The manager's manager, colleagues and subordinates also rate that manager against these skills, competencies and performance indicators. This type of rating allows the managers to have a better perception of them, as they learn from the feedback how others in the workplace rate them, based on their abilities (Nowack, 1993). For better results, it has been suggested that a manager should be rated by at least four people (Nowack, 1993). The managers may be allowed to decide on the people to rate them. It is probable that by allowing the manager to select their raters may create room

for biases in the feedback, as it may be assumed that an manager will select the people that they feel will best rate them (Henriksson, Elwin & Juslin, 2010).

The rating that managers award themselves tends to be less accurate than the ratings that are given by others, specifically, managers rate themselves higher than what they are rated by their colleagues (Nowack, 1993). This appears to indicate that the managers lack insight into their strengths and weaknesses and that such managers may ignore negative results and resist change. It is recommended that the best way to overcome this is to get a manager to accept the feedback that he/she receives, whether it is critical or not (Nowack, 1993).

Rogers, Rogers and Metlay (2002) conducted a survey of 143 global organisations regarding the benefits of 360-degree feedback. The 360-degree feedback system was established as a process that would ensure that organisations meet their organisational and strategic goals (Chisholm-Burns, Vaillancourt & Shepherd, 2010). It is added that 360-degree feedback achieves this as it is being designed to highlight behaviours, competencies and individual characteristics that are needed by organisations to achieve these goals (Rogers, Rogers & Metlay, 2002). The major strength of 360-degree feedback is that, it allows subordinates to provide feedback (Rogers, Rogers & Metlay, 2002). In their research findings, Rogers, Rogers & Metlay share that the perceptions held by those who report directly to the manager generally seem to be more accurate and that the system is capable of motivating change.

Of the 143 international organisations that Rogers, Rogers and Metlay (2002) surveyed, only 43 responded. The surveyed global organisations included those with a revenue range of between \$4.2 billion and \$163 billion and with employees ranging from 4,000 to 300,000. The revenue and employee size of the organisations that responded were not indicated. Of the 43 respondents, it was reported that 21.5% found 360-degree feedback to be of a high benefit while 57% established that 360-degree feedback was of moderate benefit, and with the last 21.5% finding the 360-degree feedback to be of low benefit to them (Rogers, Rogers & Metlay, 2002). The researchers made an assumption that the 21.5% of organisations that found 360-degree feedback to be highly beneficial to them had best practice, but did not state why they made this assumption. It is argued that this assumption could be misleading as it does not seek to understand the reasons given to support the rating or in turn, why the other organisations found it to be of low benefit.

Based on the 21.5% of the organisations that demonstrated best practice, Rogers, Rogers and Metlay (2002) reported that, 360-degree feedback effectiveness could be enhanced if conducted in the same way as these organisations. The organisations that rated themselves as having the greatest success with 360-degree feedback were those who employed it specifically for development purposes only (Fleenor & Prince, 1997). The researchers cautioned against the use of 360-degree feedback as a performance management tool. They argue that using 360-degree feedback as performance management tool as it may affect the staff's willingness to participate in the process (Wimer, 2006). Moreover, it was also observed that keeping the 360-

degree process as a development tool can in turn create a development culture within the organisation (Rogers, Rogers & Metlay, 2002).

#### *The Questionnaire Used*

The success of 360-degree feedback is also determined by the questionnaire that is used. It is argued that there is greater potential for success if the questionnaire that is used is specific to the person's role within the organisation (Rogers, Rogers & Metlay, 2002). This is because, if the questionnaire is generic, the employees may fail to see the benefit of providing the feedback.

#### *Administrative Control*

The level of administrative control, discipline and implementation provided also determines the success of the 360-degree feedback processes (Ward, 2006). To justify this, it was observed that organisations that rated themselves as receiving a higher benefit had greater administrative control of the process (Rogers, Rogers & Metlay, 2002). That is, they selected who would participate in the 360-degree feedback process and approved who was chosen to rate the employee. By having greater administrative control, it gave responses that are more meaningful.

#### *Participant's Training*

Another noteworthy observation was that the organisations that reported higher benefit provided those involved in the 360-degree feedback process with training (Rogers, Rogers &

Metlay, 2002). The training and education that is provided to the participants of the 360 degrees feedback process can limit those who rate too harshly or too leniently (Nanning, 2005).

#### *Communication of the Results*

Another important factor in the success of the 360-degree feedback process that was observed was communicating the results to the participants and having the manager present during the communication. Participants who followed this processes were able to develop a personal development plans in conjunction with their managers (Rogers, Rogers & Metlay, 2002). Rogers, Rogers and Metlay (2002) stressed the importance of positive employee-manager relationship, noting that good relationship positively affect productivity and also encourage the managers to coach and support their employees. They also observed that the effectiveness of the feedback process could be negatively affected by the use of an external coach (Alexander, 2006).

#### *Maintaining Anonymity*

Maintaining anonymity and confidentiality were reported to be important factors in ensuring the successes of 360-degree feedback. By ensuring confidentiality and anonymity, the raters are allowed to respond accurately and not be too lenient in their ratings for fear that it will be reported back to them (Rogers, Rogers & Metlay, 2002). Even though there should be anonymity, some degree of openness is recommended, as this will allow for the growth of a development culture within the organisation (Williams & Buswell, 2003).



The participants of the 360-degree process were reported to have acknowledged the importance and the benefits of the process. It was also added that the participants felt they had gained insight and had received candid information, which they believed could be used to develop personal development plans and enhance their performance (Rogers, Rogers & Metlay, 2002). The study conducted by Rogers, Rogers and Metlay (2002) provided an understanding of the benefits of using the 360-degree feedback process. However, from the reader's perspective, it appeared to be biased. This is because no detailed information was given from the organisations that rated 360-degree feedback as having a moderate to low benefit. It is argued that reporting on negative feedback would have allowed a greater understanding of some of the potential issues with 360-degree feedback (Luthans & Farner, 2002).

There are also concerns raised regarding the relevance of the data that Rogers, Rogers and Metlay (2002) collected. Even though the survey was conducted in 1998, the study was not published until 2002, a delay of four years. It is unclear what impact this delay would have had on the relevancy of the research and the finding. Moreover, there are also concerns regarding their response rate and sample size. As stated above, Rogers, Rogers and Metlay approached 143 organisations and only 43 responded. This is a response rate of just under 30%. Of the 43 respondents, only 21.5% of were rated as having highly acknowledged the advantages of using 360-degree feedback. This equates to approximately nine organisations rating themselves as having realised high benefits from using the 360-degree feedback process. That is an exceedingly small sample size given the number of organisations worldwide. It is believed that

the small sample size would affect the generalisability of the study. Another factor affecting generalisability is the fact that all the organisations that responded Rogers, Rogers and Metlay all generated revenue of \$4 billion or above. Based on the assumption that not all organisations using 360-degree feedback would be large corporations generating billion dollar revenues, this study fails to identify the effectiveness of 360-degree feedback in smaller organisations. Even though the study conducted by Rogers, Rogers and Metlay identifies the ways in which 360-degree feedback can be successful, it fails to make out whether the use of 360-degree feedback has a positive impact on the participating organisation.

Hazucha, Hezlett and Schneider (1993) conducted a study on the impact of 360-degree feedback on the development of management skills. In their report, Hazucha, Hezlett and Schneider stated that, 360-degree feedback provides valuable information to managers as they can recognise their strengths and weaknesses. The manager is better placed to understand the pertinent issues as the feedback is received from manifold levels (Hilbert, 2011). The feedback that is received is creditable due to the multiple sources that it is received from (Hazucha, Hezlett & Schneider, 1993). The manifold sources eradicate the fears that the received feedback may be biased (Hazucha, Hezlett and Schneider, 1993).

In the study by Hazucha, Hezlett and Schneider (1993), the manager's performance was measured twice. The first was at the time when the 360-degree feedback was being undertaken and the second one was conducted two years later. It was assumed that the managers would be performing better after the two years based on their initial feedback received (Hazucha,

Hezlett & Schneider, 1993). In this study, the managers involved were assessed on 12 management skills that ranged from administrative, communication, cogitative, leadership and interpersonal.

The researchers expressed confidence that the 360-degree feedback is a useful tool in the development of managers (Hazucha, Hezlett & Schneider, 1993). It was reported that after two years, there was slight to noticeable improvement in managers and the improvements were found in both the managers and their examiners (Hazucha, Hezlett & Schneider, 1993). In their finding, the researchers also reported that those managers who engaged in development activities such as training reported greater improvement, adding that those who had been actively involved in development programs also realised a positive consequence on their career development (Hazucha, Hezlett & Schneider, 1993). In their conclusion, Hazucha, Hezlett and Schneider (1993) stressed that a 360-degree feedback is useful and can be more effective if the people being rated are engaged in continuous coaching and development opportunities.

It can be assumed that the managers who consented to participate in the study the second time would have been high performers in general, who received positive feedback at stage one (Sonnentag, 2001). This study failed to identify the reason why a significant number of participants dropped out before the completion of the study. Hazucha, Hezlett and Schneider (1993) study also fails to categorise the impact of 360-degree feedback on the managers classed as ineffective. The study also fails to provide evidence that the increase in performance of the managers was directly related to the feedback process. As there was a large gap between

the commencement of the study and the review, there is no indication of whether there increase in performance was due to the feedback process or manager just developing in their role over that period.

Closely related to the Hazucha, Hezlett and Schneider (1993) is the Green (2002) study. The study was aimed at identifying the effect of the 360-degree feedback one year after the process had been completed. In the study, Green held in-depth interviews with five Chief Executive Officers from organisations that had participated in the 360-degree process a year earlier. After the in-depth interviews, Green administered another survey to the Chief Executive Officers and their subordinates who reported directly to them.

In the findings, it was reported that the Chief Executive Officers reported having realised some positive changes in their behaviours and it was also reported that after the study was the fact that some Chief Executive Officers' identified positive changes within their respective organisations (Green, 2002). Finally, it was asserted that the majority of the Chief Executive Officers believed that the 360-degree feedback was beneficial to improving their self-development (Green, 2002).

However, the study and findings reported by Green (2002) are weak. There are obvious concerns raised over the sample size, as it is extremely small. As earlier stated, a small sample size affects the generalisability of the study and the results were poorly written up. Limited analysis of the results Green reported was provided, and in most cases, provided the direct

responses that he received from those participating in the study. Even though Green reported that the Chief Executive Officers who had participated in the study believed there were some benefits, the study fails to provide any solid evidence on the benefits the 360-degree feedback has to an organisation.

### *360 Degree Feedback and the Change in Employee Attitudes*

To explore these concepts a little more closely than Green (2002), Atwater and Brett (2006) conducted a study, which examined whether 360-degree feedback related to changes in employee attitudes. Atwater and Brett argued that there was lack of sufficient literature on the impact the 360-degree feedback had on the attitudes of the staff that reported to the managers who had just undertaken the process. The foundation of the study was the fact that there was a clear relationship between the behaviours of managers and their employee's attitudes (Atwater & Brett, 2006). The aim of the study was to identify the degree of changes in the behaviour of the managers who undertake the 360-degree feedback process (Atwater & Brett, 2006). Another objective of the study was to identify whether the changes in the managers' behaviour resulted in the changes in employee's attitudes such as employee satisfaction and their intent to leave the organisation (Lawson & Price, 2003).

The study was conducted in two different organisations; the first was an elementary school district and the second was a retail chain, and the study was conducted twice (Atwater & Brett, 2006). The participants of the study were managers that had three or more direct reports within the two organisations (Atwater & Brett, 2006). A survey that captured the management

behaviours and abilities based on the needs of the organisation was developed by the researchers (Atwater & Brett, 2006). The employees were also asked to complete a survey in relation to their attitudes (Atwater & Brett, 2006). The employee's attitudes were measured based on their engagement, satisfaction and their intent to leave (Atwater & Brett, 2006).

While reporting the study findings, Atwater and Brett (2006) reported that there was a considerable correlation between the behaviours of the manager as rated by the subordinate and the employee's attitudes in both the first and second phases. It was also observed that the 360-degree feedback did relate to change in employee attitude (Atwater & Brett, 2006). Not all managers who participated in the study changed their behaviour. As a result, the changes in employee attitude only occurred in cases where the managerial behaviour change was reported. This therefore indicates that the 360-degree feedback does not always result in a change in the manager's behaviour.

The study by Atwater and Brett (2006) concluded that, if the 360-degree feedback is used effectively, it could result in changes in employee attitudes. However, it fails to make a strong argument on the use and the effectiveness of 360-degree feedback. Positive change in employee attitude is only realized if there is a change in the manager's behaviour (Atwater & Brett, 2006). This indicates that the use of 360-degree feedback does not warrant a change in the managers' behaviour (Gilley, Gilley & McMillan, 2009). Based on the literature reviewed, a change in behaviour is the primary function of 360-degree feedback.

In a study conducted by Atwater, Waldman, Atwater and Cartier (2000), the findings that 360-degree feedback is effective in changing the behaviour of managers and employee attitudes is contradicted. It is argued that the most important reason for an organisation to use the 360-degree feedback system is to allow the managers who receive the feedback have the ability to better identify their development needs and in turn improve their performance (Atwater et al., 2000). Just because an individual is aware of his/her strengths and weaknesses does not necessarily mean will change their behaviours and as a result improve their performance, (Atwater et al., 2000).

To justify their assertion, Atwater et al. (2000) conducted a study in which feedback from the subordinates was provided to 110 police supervisors in a police department. Approximately half of the supervisors were in metropolitan areas, while the other half were in rural areas (Atwater et al., 2000). The police supervisors were randomly put into two groups; the first group received feedback at two time periods and the second group only received feedback at the second time period, which was ten months after the first group, had received their feedback (Atwater et al., 2000).

The subordinates of the supervisors were issued with a survey with a list of 43 leadership items. The supervisors were also issued with the same survey and were asked to rate themselves. The subordinates were then asked to gauge their supervisors on a five-point scale. The higher the

score given indicated that the supervisors engaged in positive leadership behaviours more often. Atwater et al. (2000) added that at both time periods, the issued survey was the same.

From the surveys, it was reported that there was no significant difference in the leadership scores between those rated by the subordinates of the group that had received feedback and the ones that did not (Atwater et al., 2000). It was also found that the group that received the initial feedback, self-rating was lower in the second time period (Atwater et al., 2000). The decrease in the self-rating score in the second time could be an indication that the managers had become more self-aware and therefore were able to rate themselves appropriately. It was also reported that only 50% of the supervisors in the group that received the feedback had improved in their leadership performance within the 10 months period.

In addition to this, it was deduced that there is a relationship between the commitment of the supervisor to the subordinates and improvement in performance (Atwater et al., 2000).

Supervisors that were more committed to their subordinates were more likely to take the feedback seriously (Atwater et al., 2000). The core reason why a dramatic improvement was not realised may have been because of the police departments' cultures. Managers in the police force may be less receptive to feedback as compared to managers in other professions. It was concluded that neither did the feedback seem to contribute to behaviours change nor did it appear to increase in self-awareness (Atwater et al., 2000).



This study conducted by Atwater et al. (2000) just like the others previously discussed, suffers from some limitations. Firstly, the sample size was questionably small. The conclusions on the effectiveness of the feedback are based on a group of 55 supervisors as only half of the full sample size received the feedback on two occasions. The small sample size could as a result affect the generalisability of the study. It is argued that the study could have been strengthened had it been conducted across different professional groups. It is unknown whether there would be different results had different professional groups been incorporated in the study. This fact is pointed out in report by Atwater et al. (2000) as they state that the results might have been influence by the culture of the police force.

Atwater et al. (2000) did not focus on the full 360-degree feedback. Their study only focused on how the supervisors rated themselves as well as how they were rated by their subordinates. It would be interesting to see if there any change in behaviours would be realised had the ratings been also received from the supervisor's managers and their peers.

### *Effect of Subordinate's Feedback on Manager's Behaviour*

Heslin and Latham (2004) conducted a study, whose main focus was to identify the effect of feedback from subordinates on the behaviour of managers. Seventy managers were surveyed within an international professional services firm in Australia (Heslin & Latham, 2004). The subordinates of the 70 managers were issued with a survey, which listed 32 items in relation to their management behaviour (Heslin & Latham, 2004). Items such as, "manager helps develop knowledge and skill", "managers sets clear and realistic goals" and "manager seeks opinion of

subordinates” were listed in the survey. The subordinates were then asked to rate their managers on a five-point scale, with one being equated to almost never and five equated to almost always (Heslin & Latham, 2004).

The managers were separated into two groups and there was a three time period intervention (Heslin & Latham, 2004). The first group received feedback immediately and then was given a month to come up with a development plan. Six months later, this group was again asked to be assessed by their subordinates. On the other hand, Heslin and Latham (2004) state that the second group only received feedback on the last occasion.

In their findings, it was reported that in cases where the manager was identified as being efficient, positive changes were realised (Heslin & Latham, 2004). On the contrary, ineffective managers were reported to have had little to no change in their behaviour (Heslin & Latham, 2004). Based on the feedback, the already high performing managers were said to be more likely to focus on their developmental needs (Antonakis, Cianciolo, & Sternberg, 2004).

In their conclusion, Heslin and Latham (2004) found that the 360-degree feedback is only useful when used by effective managers. Ineffective managers are unlikely to use the information provided to them to better their management behaviour and self-awareness (Thorpe & Thorpe, 2011). Heslin and Latham (2004) believed that the outcome may have been affected by the fact that it was conducted in Australia. The researchers observed that unlike organisations within the United States, Australian organisations tend to have a greater focus on authority rather

than leadership (Kezar, 2001). However, Heslin and Latham (2004) do not clarify how this might have affected the results of the study.

Ghorpade (2000) argued that the use of 360-degree feedback is likely to be ineffective if not correctly implemented, especially if there is no follow up with the managers who have undergone the process. Managers who have undergone the process but are not given the resources to develop performance improvement plans and undergo coaching cannot use the information adequately (Ghorpade, 2000). It is also noted that of 600 feedback studies that had been reviewed, only a third indicated that there were positive results, with another third reporting negative results (Ghorpade, 2000). The final third reported no results.

The objectives of the 360-degree feedback process have to be identified and communicated to the staff that are undergoing the process, adding that if this is not done, staff is likely to be less engaged in the process (Ghorpade, 2000). It also adds that 360-degree feedback should only be used as a development tool and not as a performance management tool (Ghorpade, 2000). On noting this, Ghorpade (2000) argues that the staff will feel less threatened and more likely to engage in changing their behaviour and developing management skills. To realise greater benefits from the 360-degree process, the staff should be encouraged to discuss their feedback with their peers and subordinates (Bracken, Timmreck, Fleenor & Summers, 2001). This should only be done in a workplace where the prevailing culture supports this approach (Ghorpade, 2000).

The validity of the information that is gathered from the feedback process may raise issues. This is as per the statement by Ghorpade (2000) who suggests that the best way to overcome such issues was to take the raters through a training program. By doing this, the information gathered will be more accurate and therefore more valid (Ghorpade, 2000). It is also added that if there are cultural concerns within an organisation, such as a low level of trust, no amount of training can overcome them (Ghorpade,2000).

The above information and arguments brought forth by different researchers and scholars provides an overview of the effectiveness of 360-degree feedback. There seems to be a clear argument that 360-degree feedback is only effective if the managers receiving the feedback have the drive to work on the areas that have been identified as needing improvement, based on the information and feedback received (Reilly & Williams, 2003). An example of this is a manager working on their communication skills as it had been identified as a weakness by those who were providing feedback. The research study that is being proposed will diverge from the 360-degree feedback process that has been outlined above.

As much as there are some similarities in the rating scale that has been used in some of the research studies above, the major difference is the fact that all the staff within the organisation (not only those in management positions) will be asked to complete a survey. The participants of the survey will then be asked to rate all the people that they feel they know well enough against 10 attributes, which have been identified, and are believed to make a manager effective. It is hoped that the outcome of this study will validate the 10 attributes that have

been identified and will also identify whether this is a tool that could be used to identify prospective management talent and offer an avenue for personal development.

## Organisational Power and the Impact on Feedback

Organisational power is thought to impact on the feedback that is received through the 360-degree feedback process or other formal feedback methods (Edwards, Scott & Raju, 2003).

From the review of the literature, it has been established that there are different levels of organisational power as well as various influences on organisational power. This section focuses on what organisational power is, how it is maintained, what can affect it, and the impact that it can have on formal feedback processes.

Power is defined as the ability to get an individual to perform a task or to make things happen in the way in which you want them carried out (Schermerhorn et al., 2004). An effective leader has the ability to use power to manipulate the actions of other people (Tost, Gino & Larrick, 2011). In the workplace setting, much of the power rests with individuals that hold management positions. Erkutlu and Chafra (2006) believed that organisational power emanates from specific identifiable bases. There are two main types of power bases, i.e. positional power and personal powers (Rahim, Antonioni & Psenicka, 2001).

Positional power is referred to as the power that is associated with an individual's position within an organisation (Erkutlu & Chafra, 2006). Powers that are attached to positional power

include, legitimate power, reward power, and coercive power (Bagad, 2009). Legitimate power on the other hand is defined as the power that is linked to the obligations and responsibilities associated with positions within the organisation (Erkutlu & Chafra, 2006). In a workplace setting, legitimate power grants the manager the right to expect compliance from his or her subordinates (Erkutlu & Chafra, 2006). Contrary to the legitimate power, reward power on the other hand refers to the control one is granted as a promotion or in form of an increase in remuneration (Bass & Bass, 2008). The last power associated with position power is coercive power, which is the ability to punish, discipline or withhold rewards from subordinates (Erkutlu & Chafra, 2006).

Personal power differs from positional power in that personal it always follows an employee irrespective of the position such a person holds within the organisation (Erkutlu & Chafra, 2006). Personal power is important to managers as they are not affected by or depend upon the actions taken by others or the organisation (Erkutlu & Chafra, 2006). Two aspects of personal power are identified, expert power and referent power. Expert power is the most important foundation of personal power as expert power emanates from having specific knowledge on a subject and having the ability to solve problems and perform tasks that are important to the organisation (Erkutlu & Chafra, 2006). Referent power, by contrast, refers to the ability to influence others within the organisation (Gaines & Worrall, 2011). Referent power can develop by the individual being charismatic, being likeable by others, or having a well-respected reputation (Erkutlu & Chafra, 2006).

### *Power Abuse*

While organisational power is expected within every organisation, there are issues that are associated with it. Power demands that the individual holding it be responsible because of the risks that are associated with its abuse (Vredenburg & Brender, 1998). Organisational power can be abused by personal actions or the demands for personal services, and that much of the abuse of power is associated with positional power as well as the organisational structure (Vredenburg & Brender, 1998). Managers have the greatest ability to abuse power within the workplace, a situation that is referred to as hierarchical abuse of power (Vredenburg & Brender, 1998). There are two ways in which hierarchical power can be abused; the first one by using it to increase or decrease others' feelings of dignity and self-respect, and the second is by using it to boost or trim down the job performance of a subordinate (Vredenburg & Brender, 1998).

The use of power is abusive to an employee or a subordinate when it results in harm being done to the dignity of the individual or is harmful to the performance of the individual (Vredenburg & Brender, 1998). Of course the abuse of power may be direct or indirect (Murphy, Jr., 2005). An example of direct abuse of power is publically harassing an employee or where the manager acts in an inappropriate manner towards the employee (Vredenburg & Brender, 1998). It is clear that an instance of indirect abuse of power is when an employee receives unfair preferential treatment over another employee (Vredenburg & Brender, 1998). The main motive behind the abuse of power is the manager's desire to command greater control over their subordinates as well as the organisation (Vredenburg & Brender, 1998). The

main attribute of an individual that is likely to abuse organisational power is high self-esteem, an individual that has high self-esteem is less likely to be affected by the opinions of others or do what is popular (Vredenburg & Brender, 1998). In addition, behaviour that is defensive or insecure is less likely not being experienced by managers who hold themselves in high self-esteem (Baumeister, Campbell, Krueger & Vohs, 2003).

Even though Vredenburg and Brender (1998) do not distinctively state the effect of organisational power abuse on feedback processes, it is easy to surmise. It is reasonable to conclude that, a staff member that is giving feedback to their manager would vary results based on the nature of relationship he or she had with the manager (Stone, 1999). For example, if the staff member is receiving unfair preferential treatment, it may be assumed that they would provide positive ratings for their manager, even if in real sense, this is not the case. Conversely, if the rater is a staff member that is usually publicly harassed, then it is very likely that the manager would be provided with negative ratings.

From the other direction, any abuse of power would affect the manager's ratings of the subordinates (Lumsden, Lumsden & Wiethoff, 2009). If the manager is abusing power it is believed that this would affect feedback received through formal feedback processes in two ways. The first would be, skewed or unrepresentative feedback, both positive and negative, being given to staff based on how the manager has rated their performance. For example, if the employee was receiving unfair preferential treatment, it may be assumed that this employee may receive high ratings even if it is not necessarily deserved. Second to this is the impact that



the abuse of power has on the individual's work performance. The negative abuse of power can decrease a subordinate's work performance (Vredenburg & Brender, 1998). This would therefore be indicated in the feedback that is received by the manager.

### *The Power of the Subordinate at Work*

While Vredenburg and Brender (1998) talk about the repercussion of the abuse of power within an organisation, it is also imperative to study the power a subordinate has in the workplace and how this can affect their managers and the organisation. Subordinate staff can attempt to influence their managers in ways that can make their managers feel pressured (Braithwaite, Westbrook & Mallock, 2008). They also state that, the way in which their subordinate staff do this can affect the manager's workload and can also divert the manager's attention away from work tasks and goals.

Subordinate staff try to manipulate their managers due to their weaker power bases within the organisation (Braithwaite, Westbrook & Mallock, 2008). Subordinate staff influence their manager to create a greater power base for themselves (Braithwaite, Westbrook & Mallock, 2008). There are several ways in which a subordinate will try to influence a manager. These include persuasive strategies, such as rational persuasion or consultation, assertive strategies, such as threats, persistence or speaking to the manager's manager and finally employing relationship strategies, such as giving gifts and socialising (Leong, Bond & Fu, 2007).

Braithwaite, Westbrook and Mallock (2008) conducted a study, which aimed to identify the different ways in which subordinates apply pressure to their managers in Australia and in Singapore. In Australia, in-group collectivism (strong loyalty between the employees and the organisation) is stronger when compared to Singapore (Braithwaite, Westbrook & Mallock, 2008). Australians are more likely to be individualistic; therefore the relationship between the employee and the employer is one of mutual advantage (Braithwaite, Westbrook & Mallock, 2008). This is different in Singapore where the society tends to be more collectivist, therefore, the employee and employer's relationship tends to be one of an obligation (Braithwaite, Westbrook & Mallock, 2008).

While there are noted differences in the society of Australians and Singaporeans, what has been identified is the lack of difference that was identified in the results. Both managers in Australia and Singapore found that their subordinates applied pressure to them and that this indeed affected their workload and diverted their attention away from their work goals and tasks (Braithwaite, Westbrook & Mallock, 2008). They did not specifically study the impact that this upward pressure could have on formal feedback processes, but this will be discussed in greater detail later in this section (Braithwaite, Westbrook & Mallock, 2008).

Wayne, Linden, Graf and Ferris (1997) carried out a study that sought to identify the way in which employees can use the tactics discussed above to impact human resources decisions that are made. Human resources decisions are complex and are influenced by the social context in which they are made (Sanfey, 2007). It was recently identified that subordinates engaged in

activities, which could influence their work environments (Wayne et al., 1997). If a manager likes an employee, believe that the employee is competent and can identify similarities between themselves and the employee; it may alter human resources decisions (Wayne et al., 1997). They also add that tactics identified by Vredenburg and Brender (1998) such as bargaining and assertiveness can also be employed as strategies to influence human resources decision making and the effectiveness of these tactics varies (Wayne et al., 1997).

Wayne et al. (1997) aimed to identify whether these tactics would positively or negatively influence the manager's perceptions of the subordinates. It was reported that subordinates that used reasoning and assertive tactics received higher interpersonal ratings than those who used bargaining and self-promotion (Bolino et al., 2008). The result regarding the use of assertive tactics was surprising, as previous research had indicated that the use of assertive tactics had usually resulted in a lower interpersonal rating (Wayne et al., 1997). The results differed in the study because the majority of the participants were male (Wayne et al., 1997). They add that previous research had found that males interacting with other males often use assertive tactics, as they are concerned with the task that must be accomplished.

There is a relationship between the manager's perception of the employee's interpersonal skills and performance ratings and that this affected the subordinate's likelihood of promotion (Wayne et al., 1997). Subordinates that uses positive influence tactics, such as reasoning and assertive tactics, were more likely that to receive higher performance ratings and therefore stood a higher chance of being promoted (Wayne et al., 1997). The study conducted by Wayne

et al. (1997) identified the tactics that can be employed by subordinates to influence human resource decisions that are made, especially in relation to performance management. It was identified that subordinates have the ability to shift their power base in the organisation in order to achieve outcomes, which they wish to achieve (Jones, 2009). It will be interesting to note whether this is something that is identified in the findings of this research.

There were limitations with the study conducted by Wayne et al. (1997). The main limitation was the gender of the participants as the majority of the participants were male. The use of mainly male participants may have skewed the results that were identified and reported, for example, the identification of assertive tactics as positively influencing the manager's perception of interpersonal skills (Wayne et al., 1997). The study would have been strengthened if there were more female participants.

### *The Effect of the Ingratiation on Performance Reviews*

In a somewhat different approach, Deluga and Perry (1994) conducted a study, which identified the strategy of ingratiation and the impact this can have on performance reviews. Ingratiation refers to behaviours that are used by subordinates to increase their interpersonal attractiveness to their managers (Deluga & Perry, 1994). Ingratiation is often referred to "sucking up" to the boss (Deluge, 2003). Ingratiation is employed by subordinates to increase their power base and influence their manager (Deluga & Perry, 1994). It is also added that ingratiation includes flattery, opinion conforming, doing of favours and self-presentation (Deluge, 2003).

The use of ingratiation is one of the most commonly used influence strategies and allows the manager and the subordinate to develop greater supervisor and subordinate exchanges (Deluga & Perry, 1994). Greater supervisor and subordinate exchange allows subordinates to become a part of the 'in-crowd' as it allows the manager and the subordinate to develop a better relationship (Deluga & Perry, 1994). Subordinates that use ingratiation as an influence strategy had been found to perform better during appraisals (Deluga & Perry, 1994). Interestingly, they also found that the power of ingratiation on a performance appraisal is greater if the subordinate is a female.

The study conducted by Deluga and Perry (1994) approached employed graduate and undergraduate students from a business college in the United States. Students were asked to provide the details of the current line manager and give consent for their manager to complete a survey regarding their performance. The students were also asked to complete a survey. The survey consisted of questions regarding how the student presented themselves to their managers, and if they employed integration strategies in their workplace, such as, whether they deliberately made their managers feel important. In their report, Deluga and Perry (1994) stated that subordinates who used ingratiation strategies generally had higher quality exchanges. It was also found that higher quality exchanges generally resulted in favourable appraisal outcomes for the subordinate (Deluga & Perry, 1994). This is interesting, as it would indicate that subordinates who use ingratiation strategies would be able to create a greater power base for themselves, as they would develop referent power (Somech & Drach-Zahavy,

2002). The development of this referent power would then influence the results they receive in their performance reviews or through other feedback mechanisms organisations use.

The sample used in the study carried out by Deluga and Perry (1994) is interesting. It is assumed that the participants were from all different areas of business and management. Since they were attracted through a college and not through an organisation, it is believed that this strengthened the study. It would have been interesting if they had also studied whether there were any similarities between the power relationship between the students and their teachers.

### *The Upward Appraisal and how it is Influenced*

On a similar topic, Antonioni (1999) conducted a study that aimed to identify power factors that influenced a subordinates rating of their manager in upward appraisal processes. He also aimed to identify the affect that these factors can have on the organisation. There are two main factors that influence subordinates ratings of a manager, the first is how much the subordinate likes the manager and the second is the length of time the subordinate has observed the manager (Antonioni, 1999). Fifty managers and their subordinates in a mid-sized organisation located in the United States were asked to complete a survey where a subordinate would rate the manager (Antonioni, 1999). A total of 44 managers and 133 subordinates participated in the study (Antonioni, 1999). The results of the survey were analysed by a panel of four people who were asked to provide results for the performance rating (Antonioni, 1999). The panel consisted of two senior managers and two human resource managers, all drawn from within the organisation, but not involved in the rating process (Antonioni, 1999). The rating scale ranged

from minus three indicating strongly disagrees to three, indicating strongly agree (Antonioni, 1999).

In the study report, Antonioni (1999) observed that there was a strong relationship between the score that the participant gave the manager and how much the subordinate liked the manager. For example, if the subordinate liked the manager, he or she would give the manager higher ratings. This did not always necessarily relate to the overall performance of the manager. It was also reported that there were higher performance ratings from subordinates that had more time to observe the manager (Antonioni, 1999). The study conducted by Antonioni indicates that those individuals within the organisation who have referent power, that is, the ability to influence others because they have charisma or are well liked would generally receive higher ratings for performance. The implications of this are that, those who have greater referent power may receive positive results, which may not actually reflect to their performance. This is important due to the implications that this could have on the organisation. A manager, who is receiving high ratings, purely based on the fact that they have referent power and may not relate to their actual performance in their managerial roles, may result in this individual being unfairly promoted into a position that they may not be well equipped to carry out.

While the study conducted by Antonioni (1999) does raise important issues in relation to referent power, there are some limitations that have been identified. The sample size of this study was diminutive as only 44 managers and 133 subordinates were involved. Antonioni's

study focused on only one organisation. It is believed that the small sample size and that it was only conducted in one organisation may have affected the generalisability of the study. It is therefore believed that this study could have been strengthened if more than one organisation had been involved. Another limitation to the study was the panel that was used to evaluate the rating results. It is believed that the use of managers and human resource staff may have created some bias as it could be assumed that the power used by the managers to influence their subordinates may also be used to influence their managers. While it is understood why Antonioni took this approach, it is believed that this may have affected the outcome as they were reported.

### *Effect of Gender and Race on Organisational Power*

The final aspect of this section is the affect that gender and race have on organisational power and what this can mean to the individual. It was disappointing to find that there was only a small amount of literature on this topic that focused on this issue in relation to the outcomes of performance appraisals and other formal feedback processes. It is well documented that women and people from minority groups are not well represented in senior management positions. While this may be changing overtime, it is still an issue that needs to be identified and taken into account. Igbaria and Shayo (1997) conducted a study, which sought to identify the impact that race and gender had on job performance evaluations and career success. The statistics from the United States indicate that women and African Americans experience discrimination in their careers (Igbaria & Shayo, 1997). Both women and African Americans may suffer systematic biases in their performance appraisals (Igbaria & Shayo, 1997).



Igbaria and Shayo (1997) conducted two studies, which used two large companies from the East Coast of the United States as its participation base. In the first study that aimed to identify the effects of race, African American participants were matched with their organisational equivalents that were Caucasian. Each participant was asked to complete a career attitude survey; their managers were also required to complete a survey on the performance of their subordinate (Igbaria & Shayo, 1997). The study aimed to identify the differences between genders, differed in that all the employees received the survey (Igbaria & Shayo, 1997). However, like the race study, the supervisors were also asked to rate their subordinates (Igbaria & Shayo, 1997).

The results that were reported by Igbaria and Shayo (1997) are interesting as African American male staff were more likely to receive lower ratings on job performance when compared to Caucasians (Igbaria & Shayo, 1997). Interestingly, this was not the case for females. In relation to internal factors, such as ability and effort, Caucasians received higher job performance than the African American employees (Igbaria & Shayo, 1997). Women did not receive lower performance ratings for internal factors as compared to the men results (Igbaria & Shayo, 1997). There were differences between males and females identified. They found that, the job performance of men is more likely to be associated more with internal factors as compared to the women (Igbaria & Shayo, 1997). This means that female's job performance was more likely to be attributed to external factors such as luck when compared to the performance of men.

Differences were also evident between the career advancement of Caucasian staff, African Americans, males and females (Igbaria & Shayo, 1997). Caucasian staff were more likely to receive career progression based on their performance review than African American staff (Igbaria & Shayo, 1997). Men were more likely to receive career advancement, based on their performance review than women (Igbaria & Shayo, 1997). It was concluded that within the participating organisations, African Americans and women have more restricted career opportunities than Caucasians and males (Igbaria & Shayo, 1997). The study conducted by Igbaria and Shayo (1997) identifies that generally, women and people from minority groups have a lower power base in the work place when compared to men and other people of Caucasian backgrounds. It also identified how this lack of power within the organisation can affect the outcomes of performance reviews. What will be interesting to note in the proposed research project, is whether issues involving gender and race will still prevail.

The study conducted by Igbaria and Shayo (1997) could have been strengthened if more than one organisation was involved in each study. While it is understood that differences in race and gender can affect a person's career development, it could not be confirmed accurately that this is a problem that is larger than the two sample organisations. It could be argued that this may be particular to the culture of the organisations that were studied. As stated above, there is a very limited number of literature sources on this topic. It is believed that this area requires more study, in particular, the relationship between power, gender and race. It would also be interesting to have an Australian example as the majority of the literature was generated from the United States. It is also believed that more study needs to be conducted on the negative

tactics used by subordinates to influence their managers, such as upward bullying and the affect that this would have on the power bases and performance reviews. It will be interesting to see whether these issues will still be identified in the proposed research project.

## Research Questions

The critique of the literature presented in this and the proceeding chapter leaves a number of questions unanswered. While a general research question could be posed crudely as – ‘can those with the characteristics associated with effective managers be reliably identified?’ there are in fact seven interdependent research questions. They are:

1. What are the attributes of an effective manager within the public health sector?
2. Does correcting for any rating bias change the profile of ratings individuals receive from the participants in the study?
3. What proportion of staff show characteristics of an effective manager (i.e. what are the distributional characteristics of these attributes within the organisation)?
4. What proportion of those staff who display these characteristics are already in a position of management, and can a particular total score largely distinguish these two groups?
5. Are those staff who display these characteristics more influential within the organisation as measured by the number of people who rate them?
6. Do people rate superiors, peers and subordinates in a consistently different way?
7. Do men and women rate men and women in a consistently different way?

Collectively, the answers to these questions should shed considerable light on the nature of effective management within a particularly large and complex sector. Yet to adequately address these questions, the first question must be answered, and once established, the remaining questions can then be addressed.

To provide greater justification of why these questions have been posed, it is important to focus on the literature that has been reviewed any gaps that have been identified. As discussed above, the overarching question of this thesis is to identify the attributes of an effective health service manager, the reason for posing this question is the belief that these attributes would be specific to the NSW health service. As the literature has discussed above, it has been found that in relation to health service, employing managers that display the attributes of an effective health service manager, this will lead to greater staff attraction and retention and to better patient outcomes (VanOyen Force, 2005). Further, it has been identified, that due to the gap in the literature that focuses on NSW Health, there is a lack of understanding of the attributes of an effective manager specific to NSW Health.

The justification for the second research question, which asks if correcting for any rating biases changes the profile of the rating receive from participating in the study is important to ask as there is a belief that some staff may rate either too positively or negatively as a way to skew the feedback. By asking this question, this will allow the researcher to understand whether the profile of the scores received was changed based on the correction of the scores. This will allow the researcher to understand whether, generally speaking, the participants of the study were

either too positive or too negative when applying their ratings. This is important, as determining this will give a better understanding of the use of the research tool in the future.

Questions three and four are intertwined. The justification for including these two questions is not based on literature, rather they are posed to give the researcher a better understanding of the number of staff already employed who display these attributes and of those who do, the number that are already in positions of management. Both of these questions are important to ask as a study like this has not been done in NSW Health before and therefore, there is no base line knowledge of the number of staff that would display these attributes and the number that would be in a position of management. The outcome of these two questions will not only give the researcher a better understanding of this but will also contribute to the literature in this area of study.

Question five, is much like question three and four. The justification for including this question is to have a better understanding of this area of study. As discussed above, there is a gap in the literature on the attributes of an effective manager in the NSW Health service. Therefore, it is important to understand whether staff that have been identified as displaying these attributes have a greater amount of influence in the workplace. By answering this question, it will allow the researcher to have a greater understanding of this area of study.

Question six and seven are related and have been asked based on the literature reviewed above. Studies that reviewed the effectiveness of the 360-degree feedback tool and how

ratings have been affected, identified that the position a person holds in the organisation and a person's gender can affect the way in which people are rated (Igbaria & Shayo 1997, Deluga & Perry, 1994 and Antonioni, 1999). Having an understating of whether these two aspects apply in the NSW health service is important as it will not only allow for a better understanding of the how the participants rated other staff but also the use of the research tool in the future.

### *Potential of this Research Project*

The major benefit of this research project is the impact that it will have on the understanding of the attributes of an effective manager, specific to health services. As identified in the literature, there have been a number of studies conducted on the attributes of an effective manager. The difference of this study is that it focuses on the NSW Health service specifically. Having a greater understanding of the attributes of an effective manager is extremely important as it will allow the health service to identify and develop staff that have these attributes. There is a clear link between the successful management of a department and/or service and the manager displaying the attributes of an effective manager (Bloom, Propper, Seiler & Van Reenen, 2011). This is especially important in the health care setting as it has been identified that this will lead to better patient care and better patient outcomes/experiences (VanOyen Force, 2005).

A better understanding of the attributes of an effective manager will also lead to better recruitment decisions. If the service has an understanding of the attributes of an effective manager, this can lead to processes being developed and implemented to ensure that newly recruited managers display these attributes. It will also allow the health service to identify and

develop employees who display these attributes. For example, as discussed previously, both SLHD and SWSLHD currently operate a bi-annual, subsidised, opportunity for staff to undertake a Master's in Business Management with a view to preparing a future management cadre within the workforce and improving the quality of management throughout the organisation. To date the organisation has struggled in identifying who might best benefit from the course which is significantly subsidised by the LHDs. This study, if proved successful, will better allow the organisations to select who might best benefit the organisation by undertaking the subsidised Degree course and enhance the returns to the organisation for its investment.

Another benefit of conducting this research project is it will allow the public health sector to have an understanding of how many staff already employed within the health service display these attributes. This is important because one in five staff members within the health service are in some type of managerial or supervisory position. Another benefit that will be generated from this research project is an understanding of the level of influence that a manager who displays these attributes might generate. For example, is a manager more influential because they have these attributes and, if so, what impact might this have on the management under their sphere of influence?

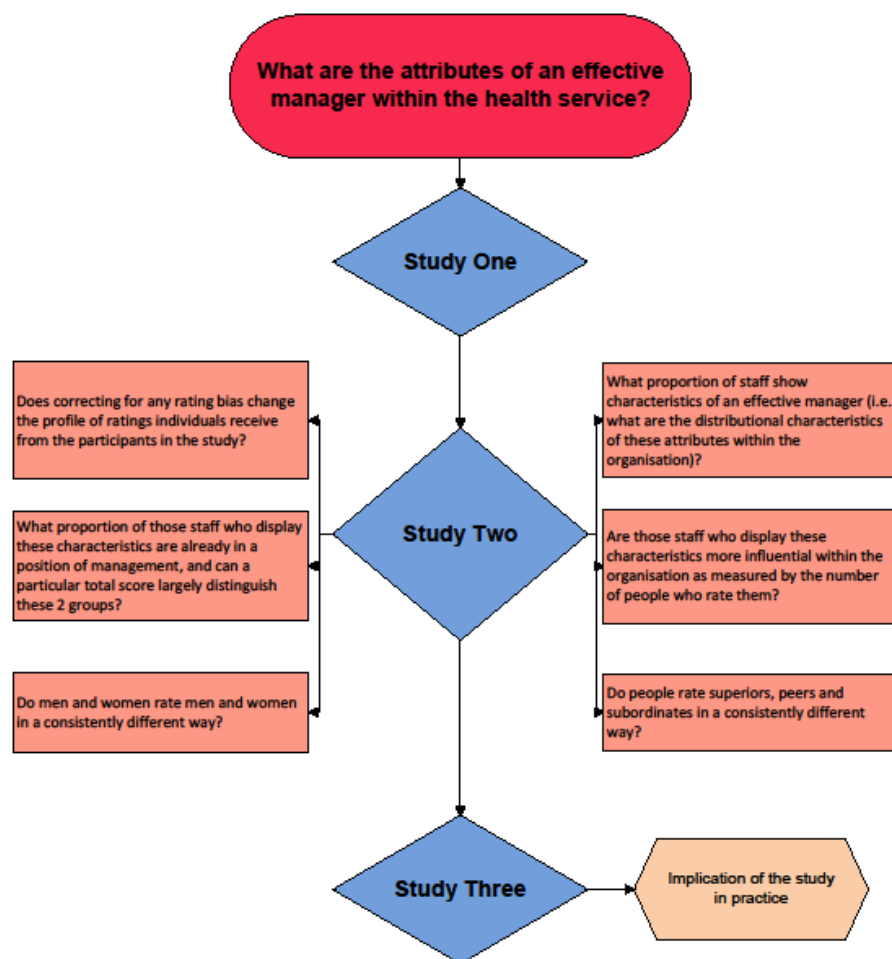
Another major benefit of this research project is the assessment of whether a tool, like the one developed for this research project, could be used within the health service as an identifier of employees (future and present) with management talent. As Campbell, Braspenning, Hutchinson and Marshall (2002) suggest, by identifying staff that have these attributes would

allow the health service to develop a mentoring and coaching plan so the staff skills could be further developed and the staff member could be groomed a managerial position. This research project will also be able to identify whether the tool used in this research project could be used as a feedback tool for staff already in managerial positions. By using a feedback tool like the one developed for this research project, this will allow managers to further develop these attributes and also have an understanding of what the employees would like in a manager.

### *Conceptual Model – Relationship of the Three Studies and the Research Questions*

Identifying the attributes of an effective manager is the question that overarches all three research projects. As will be discussed below, the first study will set establish the link between the identified attributes and an effectiveness as a manager. The second study, which questions two to seven relate to, will be conducted in Canterbury Hospital and will allow for a greater understanding of the attributes of an effective manager and how the identification of these can be effected by other issues such as gender. The third study, will allow the researcher to have an understanding of the practical implication of applying a tool, like the one used in the second study, in the health service. To better illustrate this, a conceptual model has been drawn and applied below.





## Chapter 4: First Study

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The aim of the first study is to identify the attributes of an effective manager within the public health service. The attributes that are identified in the first study will be used to formulate the effective manager attributes that will be used in the survey for the second study. As referred to above in the conceptual model, the first study is the overarching study which intends to link the measures of effectiveness and identifying effective managers. The first study is of practical significance, as it potentially will be used to identify the attributes that the staff of SLHD and SWSLHD identify as being effective manager attributes.

Both the first and second studies of this doctoral research focus on effective manager attributes. Identification of the attributes associated with effective management will lead to better management of staff, departments and in turn the organisation as a whole. The focus on attributes is important in the health care setting as many managers are selected based on their technical skills. However, the technical focus does not ensure that the manager will be effective and will have the ability to well manage the staff of the department or service. If character attributes could be identified which indicate that an individual has the potential to be an effective manager; this will allow the health service to identify individuals that may be able to excel in a management position.

This research is important as it will not only identify the attributes of an effective manager specific to the public health service, it will also test the appropriateness of a method to identify

staff with these attributes. Testing a method to identify staff with certain character qualities is important, as attributes are not always easily identified as technical skills may be. Technical skill can be identified through outputs, for example, a manager that has great financial skill can be identified by reviewing the financial performance of that department or the reporting of the financial position. If a staff member is thought to display the attributes of an effective manager it is far more difficult to identify such traits other than through subjective experience. The literature that has been reviewed in previous sections indicates that there is a need to focus on attributes. The previous literature has shown that there is a clear link between the better performance of a department and/or organisation and the manager being identified as having effective management attributes (VanOyen Force 2005).

The focus on attributes and the identification of staff who display these attributes is important, as the majority of attributes cannot easily be taught in the workplace. The argument is that personal attributes that may be associated with effective management are inherent or innate within an individual and while training might enhance the expression of an attribute it cannot instil attributes, which do not naturally exist. This highlights the need to have a better understanding of what these attributes are and how individuals with these attributes can be identified and if appropriate have their technical skills developed.

## Methodological Rationale

In essence, this first study is a staff survey, though it differs from typical staff surveys in two key ways. The first way is that the 'lexical hypothesis' will be used to make the possible

attributes identified more comprehensive. The second approach is the use of 'observer reporting' rather than self-reporting.

### *Why focus on Attributes as a Measure of Effectiveness*

Before identifying what are the attributes of an effective manager, a definition of an attribute is needed, as it is important to clarify what is meant when discussing attributes as a measure of effectiveness. Discussion regarding attributes is not a clearly defined area as there are many interpretations on what an attribute is and the effect on a person's managerial style and ability. For example, attributes are often defined as personality traits (Zaccaro, 2007). Leader traits or attributes are defined as patterns of personal characteristics that are rational and integrated patterns of behaviour that promote leadership effectiveness (Zaccaro, 2007). In the mid to late 1860's it was theorised that leadership traits were innate or inherent and that they were present from birth Zaccaro (2007). This theory was based on Galton's theories (Zaccaro, 2007). Zaccaro somewhat agrees with the theory that leadership traits are innate or inherent but believes that there is two sets of attributes, these are distal attributes and proximal attributes. Distal attributes include personality, motives values and cognitive ability (Zaccaro, 2007). Proximal attributes include social appraisal skills, problem solving skills, expertise, tact and knowledge (Zaccaro, 2007).

What makes the identification of effective manager attributes so important and difficult is the fact that every personality is different (Grandy, 2002). Therefore, based on this statement it is

identified that due to difference in personality attributes can be expressed in different ways. Grandy (2002) raises this argument in relation to communication and how it can vary based on person's personality type. Zaccaro (2007) defines an attribute as a personality trait and Grandy argues that personality traits affect the way in which we express attributes. This adds a layer of complication in relation to using attribute as a measure of effectiveness and how attributes associated with effectiveness are expressed and how they can be identified.

The discussion above highlights why it is important to identify the attributes of an effective manager and to identify how these attributes are displayed. The arguments made above have identified that it is also important to focus on attributes, as they are not as easily observed as technical skills may be. Technical skill can be identified through outputs, for example a manager that has great financial skill can be identified by reviewing the financial performance of that department or the reporting of the financial position. However, if a staff member is believed to be trustworthy or courageous it is far more difficult to identify such traits other than through subjective experience.

It is also important to focus on attributes the majority of attributes cannot be taught in the workplace. Personal attributes, such as those outlined by Zaccaro (2007) are inherent or innate within an individual and while training might enhance the expression of an attribute it cannot instil attributes which do not naturally exist. This highlights the need to have a better understanding of what these attributes are and how individuals with these attributes can be identified and their skills developed.

The focus on attributes is important as in the health care setting many managers are selected based on their technical skills, this does not ensure that the manager will be effective and will have the ability to well manage the staff of the department or service. If attributes could be identified which indicate that an individual has the potential to be an effective manager; this will allow the health service to identify individuals that may be able to excel in a management position.

### *The Concept of 'Effectiveness'*

All three research projects in this thesis intend to identify “The Character of Great Managers”.

This first study sets to define the link between the term “effective” and effective managers. This will be done by asking the participant to “rate the degree to each word describes their current immediate manager/supervisor”. This will therefore allow the researcher to establish the concept of effectiveness as a manager/supervisor as well as the characteristics that are associated with it. It is intended that this link will then be further explored in the second study as the participants will then be asked to apply the identified characteristics of an effective manager to anyone (no matter if they are a manager or not) who they feel that they know well enough.

### *Understanding how an 'Effective' Manager is Identified*

The identification of the attributes of an effective manager raises the question of how staff are able to identify these attributes in their managers and how the concept of effectiveness is

identified by subordinates. The identification of the attributes of an effective manager and the concept of effectiveness raises the theory of group intelligence. The theory of group intelligence has been used previously in other studies that have sought to identify the characteristics of an effective health care manager (Johnson, 2005). The main research methodology was conducting case studies of seven managers who were known to be “good managers” (Johnson, 2005). This raises the question of how was Johnson (2005) able to identify these managers as being “good managers” and how the staff who participated in this second study are able to identify an effective manager. It is thought that theory of group intelligence has been applied in both instances.

The theory of group intelligence is described as the ability of crowds / groups to be able to make estimations, decisions about or have collective opinions on different issues and topics and for those estimations, decisions and/or opinions to be relatively correct (Surowiecki, 2004). While the theory is complex, basic examples are provided of this theory in practice such as the collective guessing of an animal’s weight or more complex examples of the changes in the stock market due to issues that may not seem to be directly related (Surowiecki, 2004). This theory comes in to practice when deciding whether a manager is effective. It is thought that, generally speaking, staff, co-workers and managers all collectively agree on whether a manager is classed as effective or not.

### *Lexical Hypothesis*

The Lexical Hypothesis was first discussed by Galton (1884) and has been used as the basis for a greater understanding of the language of personality. The Lexical Hypothesis refers to the representation of common personality traits through natural languages across the world (Ashton & Lee, 2005). There are a common set of words in every language that refer to individual differences with personality, meaning that personality characteristics have become programmed in human language as words (Ashton & Lee, 2005 and Wiggins, 1996). The more important that personality characteristic is the more the word will be used in language and if there is not a word for it, a word will be made up (Ashton & Lee, 2005).

Based on Goldberg's (1990) article it is clear to see how the Lexical Hypothesis is applied in the first study. The first study provides a list of words (see appendix 1) to the participants which they are asked to rate their manager on. The lists of words provided to the participants are all possible adjectives for managers. The Lexical Hypothesis has been applied in the first study in the hope that the language employees use to describe their managers will reflect the core qualities that staff see in effective managers. The process of developing this list of adjectives is covered more fully in the methods section, but it is of course critical to the content validity of this technique that the words are chosen very carefully.

### *Observer-Reporting*

Observer-reporting, or as it is also known as observer-rating, will be used in the first study.

Observer-reporting is used in research projects where the assessment of stable characteristics, attribute or traits is required (Robins, Fraley & Krueger, 2007). Observer-reporting is when



participants of a research study are asked to rate other participants of the study or an individual who the participants observe in the daily life (Robins, Fraley & Krueger 2007). Observer-reporting can be used as a feedback mechanism in almost every context in which 'self-reporting' would be used (Robins, Fraley & Krueger, 2007). Observer-reporting is particularly useful when the participants of the research study are not able to make self-reports, self-reports are unreliable or untrustworthy and when the researchers wish to aggregate multiple raters in order to improve the accuracy of the assessments (as is the case here) (Robins, Fraley & Krueger, 2007).

Observer-reporting is strengthened when used in partnership with self-reporting (Robins, Fraley & Krueger, 2007). This argument is supported by Mount, Barrick and Strauss (1994) who state that this is the case due to differences in perspectives. For example, the way in which an individual sees themselves is different to the way in which others may see that individual. Therefore, by using both self-reporting and observer-reporting the researcher is able to gain greater insight into the participants of the study.

Observer-reporting is being used in both studies in this research as it will allow the researcher to aggregate the results generated from the multiple raters which will in turn improve the accuracy of the ratings received. Observer-reporting will in the first instance allow the researcher to gain a better understanding of the attributes of an effective manager, and in the second instance will allow more reliable results as the results that are generated will be based on the perspective of multiple raters.

## Methodology

### *Participants*

Participants were recruited through a notice on the SLHD and SWSLHD intranet bulletin board.

The notice encouraged SLHD and SWSLHD employees to follow link to the web-based survey where they were informed of the anonymity, voluntary nature and purpose of the survey.

Proceeding with the survey from this point was taken as consent as no identifying information was gathered. There were 991 participants that commenced the survey, with 449 completing it.

This 'in-test' attrition rate will be examined in the results. A wide variety of staff participated in the survey. Table 2 below summaries the occupational representation of the participants.

**Table 2: Participant's occupation**

Occupation	N
Did not answer	5
Administrative Worker	81
Analyst Programmer	3
Application Support Officer	1
Dentist	4
Desktop PC Support Officer	1
Dietician	5
Health Information	16

Manager	
Health Promotion Officer	7
Human Resources Officer	3
Interpreter	1
Kitchen Assistant	2
Librarian	3
Medical Physicist	2
Medical Practitioner	9
Medical Radiation Scientist	5
Medical Radiation	1
Therapist	
Medical Scientist	19
Mental Health Professional	6
Network Support Officer	1
Nursing	143
Occupational Therapist	16
Other	51
Pharmacist	3
Physiotherapist	9
Podiatrist	2
Psychologist	14
Security Officer	1

Server Support Officer	1
Social Worker	27
Speech Pathologist	3
Therapy Aide	4
<hr/>	
Total	449
<hr/>	

The occupational group that had the largest number of participants was nursing and midwifery. This is not surprising given that this is the largest occupational group within the health service. It is also noted that Medical Practitioners were under represented; this is not uncommon, as Medical Practitioners are known for not participating in surveys. Other large occupational groups that participated in the web-based survey include Administrative Officers, Medical Scientists, Health Information Managers and Social Workers. Some occupational groups were not represented, such as cleaning staff. This could be due to the majority of staff not having access to computers as well as other issues such as language barriers and literacy.

### *Materials*

The only material used in the first study was a web-based survey, which consisted of three demographic questions. The three demographic questions are the participant's occupation, the participant's manager's occupation, and whether or not the participant managed others themselves. The remainder of the questions were a series of descriptors (adjectives, listed in appendix 1), which the participant was asked to rate their current immediate workplace

supervisor. A web-based survey was considered the best approach because it allowed greater and easier access for the staff.

The development of the list of descriptors followed a number of important steps in order to be both comprehensive and meaningful. The first step was to select an appropriate English language repository. This was relatively easy, as the largest English language repository in the World is the *Bank of English*, which has in excess of 520 million English words. This is clearly an unmanageably large number of words to include in any survey. The next step was to select a dictionary (lexicon) that was based in the Bank of English (which most are not). For the sake of potential international applicability and to suit Australia's multicultural society, the dictionary would need to focus on English words that were common wherever English is spoken, an 'international' English, rather than English dialects and Pigeon-Englishes that are evident all over the World. In Australia's case, this would exclude the Macquarie dictionary, which expressly includes the Australian vernacular. While a number of dictionaries met this criterion, only one also included data on the degree of common usage of each word. This dictionary was the Collins Cobuild Advanced Learners English Dictionary (Harper-Collins, 2008). The reason why usage data is important will become clear in a moment.

The next step was to painstakingly extract all the adjectives in the dictionary (12,887 in all). This list was then reduced further by selecting only those adjectives that were indicated by the dictionary as a high degree of common usage (marked in the dictionary with three 'usage' stars – two stars indicating uncommon usage, and one star indicated rare usage). This later step was

intended to open the survey as much as possible to participants with marginal English, reduce variation in interpretation as the adjectives were more commonly used and understood, and to further reduce the number of adjectives (descriptors) to be used in this survey (1,682 adjective met this criteria).

The final step was to present these remaining 1,682 adjectives to two independent management professors to rate the degree to which they thought the adjective may be fairly used to describe a manager. The rating scale was simply one, meaning the adjective was completely irrelevant to describing managers (words like 'windy'). Two meant that the adjective may be used to describe a manager by it really was not common in their experience for this to be so (words like 'dry'); and three meant that the adjective could reasonably be used to describe a manager. Only those adjectives that both independent management professors agreed could reasonably be used to describe a manager (three on the scale) were retained for the purposes of this research. The final list of potential descriptors of managers is presented in appendix 1 (632 in all). This list represents as comprehensive list of descriptors as is reasonably possible to present as a survey, but still excluded common phrases (like 'spend thrift'), but to have included phrases would have been both a departure from the lexical approach and exacerbated a possible fatigue effect with an already long survey.

The participants of the first study were asked to rate their manager using a five-point scale. The five-point scale was designed to ascertain the degree to which their immediate supervisor displayed the attribute denoted by each descriptor. The scale was as follows:

- 1 = Much less than the average person;
- 2 = Somewhat less than the average person;
- 3 = About the same as the average person;
- 4 = Somewhat more than the average person;
- 5 = Much more than the average person.

### *Reinterpreting the Likert Scale*

Rather than interpreting the scale as written, the participants may interpret the scale as something akin to the below as that is how generally score scales are set:

- 1= Strongly disagree
- 2= Disagree
- 3= Neither agree or disagree
- 4= Agree
- 5= Strongly agree

Due to the possibility that participants may misinterpret or misuse the scale, their ratings may be distorted and contaminate any aggregate. So, how could something like this is detected?

Assuming they rate a number of individuals, the more individuals and attributes they rate, the higher the likelihood that the average score they bestow will be 3.0 (i.e. the average person).

The degree to which their average score departs from 3.0 could be interpreted as the general standing of the group of people they are rating (they could indeed be an above or below average group of people), and the degree to which they misinterpret the scale.

If it is scale misinterpretation, or a genuine positive or negative bias, this could be corrected by boosting or lowering their individual ratings by an amount such that their average becomes 3.0. Their 'corrected' individual score may still be above or below three as is only normal when rating multiple other individuals. The corrected scores each rate receives could be averaged to determine their true relative standing. This practice may still lead to an under or over correction if the group was indeed above or below average. However, the degree to which this possible error is introduced would likely be cancelled out by averaging the scores of all people who rated a particular individual. With this logic now more apparent, the methodology of the second study of this thesis is now presented.

### *Procedure*

This first study was a point-in-time staff survey. Participants were asked to rate their immediate workplace supervisor (who was not identified) on a wide range of descriptors. Once participants had completed the survey, their responses were automatically captured and saved on a secure computer. A Minimal Risk Ethics Application was submitted to the University of Tasmania and ethical approval was granted on 15 August 2011 (H0011912), please refer to appendix 2. Approval to conduct this research was also granted by the Chief Operating Officer of the Clinical Support Cluster (Western) which was responsible for both SLHD and SWSLHD. Please refer to Appendix 3 to view the letter of approval.



## Results

As anticipated with such a long questionnaire, a fatigue effect was apparent. This manifested as a progressively larger amount of missing data as the questionnaire progressed, given that there were 632 descriptors to rate. The descriptors were numbered from first to last in the order which they were presented (which was in alphabetical order). This number (order of appearance) was correlated with the proportion of missing data for each descriptor. This correlation was indeed significant ( $r=.56$ ,  $p<.05$ ). This indicated a linear relationship between the length of the survey and the dropout rate – a clear fatigue effect.

In order to determine if the fatigue effect affected the results, a t-test where equal variance was not assumed, was performed for each of the first 286 descriptors (which all participants answered) comparing questionnaire completers (those who completed 100% of the survey) to partial completers. No significant differences in the profile of responses to the first 286 descriptors were detected. The 449 participants who completed the questionnaire were therefore taken to be generalisable to all employees and all further analysis was conducted solely of complete questionnaires.

Of the reduced number of participants, 218 or 48.% responded 'yes' to the question "Do you manage the efforts of other staff, regardless of what your job title might be (e.g. supervisor, team-leader, director, or coordinator), the remainder responded 'no' ( $n=221$ , 49.2%).

Participant's supervisors managed 49.51 employees on average (this was based on the

participant's estimate). This figure ranged widely between one and 3,500 subordinate employees.

The participant's superior occupation is shown in the table below.

**Table3: Superior's occupation**

	N
Did not answer	23
Administrative Worker	45
Analyst Programmer	2
Dentist	3
Desktop PC Support Officer	1
Dietician	5
Health Information Manager	9
Health Promotion Officer	7
Human Resources Officer	5
Interpreter	1
Librarian	1
Medical Physicist	3
Medical Practitioner	33
Medical Radiation Scientist	5
Medical Radiation Therapist	1

Medical Scientist	18
Mental Health Professional	9
Nursing	157
Occupational Therapist	17
Other	54
Pharmacist	3
Physiotherapist	16
Podiatrist	3
Psychologist	6
Social Worker	20
Speech Pathologist	2
Total	449

A stepwise multiple regression procedure was conducted with 'effectiveness' as a manager as the dependant variable, and the remaining 631 descriptors as potential independent variables. A stepwise procedure was chosen to determine the optimal sub-set of characteristics that were associated with effectiveness as a manager. The stepwise procedure was set to stop entering additional independent variables when they failed to contribute significantly to the equation ( $p < .05$ ). This procedure yielded the 10 independent variables listed in the table below. The overall equation was significant ( $R^2 = .85$ ,  $R^2_{adj} = .84$ ,  $F = 112.45$   $p < .01$ ), with the adjusted R-square indicating good generalisability of the results. While a majority of potential independent variables demonstrated a significant correlation to 'effectiveness' (uncorrected for possible

type 1 error), the emergence of only 10 independent variables from so many potentials indicates a great deal of overlapping variance. Therefore, while a large number of descriptors are associated with effectiveness as a manager, only the 10 descriptors in the table below (as a set) are optimally associated 'effectiveness'. Interpreting the beta weights indicates that being encouraging as a manager is the single most important attribute. Note also that the negative attributes (Insecure, Evasive, Difficult and Expedient) were all negatively associated with 'effectiveness', as one would expect.

**Table 4: Stepwise regression results**

	Beta	F	Sig.	r
Encouraging	.35	7.16	.00	.82
Transforming	.14	3.79	.00	.78
Efficient	.18	4.42	.00	.69
Insecure	-.19	-5.44	.00	-.71
Evasive	-.16	-4.50	.00	-.32
Courageous	.14	3.62	.00	.69
Difficult	-.13	-3.20	.00	-.60
Expedient	-.11	-3.12	.00	-.55
Reasonable	.17	3.15	.00	.75
Trustworthy	.10	1.99	.04	.74

## Discussion

Many would argue that each of these domains is quite complex, and often dependent on the individual situation in which they are expressed. This is true, but there is a stable heart to each of them. For example, managers need a range of competencies to be effective; these include budgeting, policy, technical skills, etc. While competencies are necessary, they are not sufficient to be a good manager. What is it that all effective managers have in common no matter what the situation? The answer to this was revealed in the first study, which identified 10 manager attributes that were highly correlated with effectiveness as a manager.

Collectively these 10 attributes accounted for 85% of variability in the effectiveness of the managers. Therefore, while certain technical knowledge/competencies may be an essential qualification for the job, they are clearly not what make a manager an effective manager. A manager's character is much more important (on average) than other technical competencies in terms of their effectiveness. What is also interesting about this research is that hundreds of other characteristics that are often thought of as important were not nearly as indicative of effectiveness as the essential characteristics presented here.

As can be seen by the number of participants that did not complete the survey, the fatigue effect was apparent. Over half of the participants did not complete the survey. This was due to the number of descriptors that the participants were asked to rate their manager by. Yet there was no apparent negative impact on the results or generalisability due to the number of 'drop

outs'. The results indicated that the profile of the participants that only completed the first 286 descriptors compared to those who completed all 632 descriptors was not significantly different. This meant that the results from the participants that completed the whole survey could be generalised. Once this was established, it was decided that only the data from the fully completed survey would be used.

What was interesting to note was the large range between the minimum number of subordinate staff that the participant's manager had, which was one compared to the highest number of subordinate staff which was 3,500. This indicated that the level of managers rated ranged from low middle management to senior executive positions within the two Local Health Districts. The number of managers and the number of non-managers that participated in the study was generally equal. This indicated that the both levels of the staffing structure responded to the survey and ensured that the results were the perspective from a wide variety of staff.

The professional / occupational groups of the participant's managers were also interesting to note. It was found to be reflective of a health care setting in that all occupational groups were represented and that the response rate reflected the occupational group size within the health care setting. For example, Nursing had 157 managers rated; this was the highest number of managers rated from all of the occupational groups. This was followed by the group marked as 'other' which had 54 managers ranked. It would be expected that Nursing had the highest

number of managers rated given that it is the far biggest professional group within the health service.

From the survey that was conducted in the first study, 10 attributes of an effective manager were identified. The attributes of an effective manager as identified by the staff research participants are encouraging, transforming, efficient, [not] insecure, [not] evasive, courageous, [not] difficult, [not] expedient, reasonable and trustworthy. These results show that a large proportion of staff who participated in the research study have identified these as attributes as being highly indicative of an effective manager. The results also indicated that the attribute of encouraging was the single most important attribute of an effective manager.

The other descriptors were also associated with effective. While their exclusion in the stepwise procedure indicates they are relatively weaker indicators of effective management, it cannot be said that they are unrelated or unimportant, merely that the attributes highlighted by this research are better indicators of managerial effectiveness.

## Detailed Discussion of Effective Manager Attributes

### *‘Effective’*

Before each attribute of effective managers are discussed in greater detail, it is important to discuss the concept of effectiveness and how it is identified in managers by their subordinates. Effectiveness was defined for participants in the survey as ‘the ability to produce the intended

or expected result'. Therefore, an effective manager is someone who is able to achieve the anticipated and desired result for their organisation. A very basic example of this in the health care setting maybe a Nursing Unit Manager rostering the appropriate skill mix of staff whilst maintain budget. This would be seen as effective by both the Nursing Unit Manger's staff and by their manager.

As discussed previously, it has been identified that there are many positive outcomes associated with having an effective manager especially in the health care setting. An effective manager has been found to improve staff morale, increase staff retention and improve patient outcomes (VanOyen Force, 2006). Public health staff also appear more than capable of distinguishing popularity and effectiveness. While this may sound basic, 'charismatic' did not significantly correlate with effectiveness. The likability or even the competency associated with necessary technical skills of managers seems to pale in importance with the 10 attributes identified in this first study.

### *'Encouraging'*

Encouraging was identified as the single most important attribute of an effective manager in the first study. The attribute of encouraging is defined as the ability to inspire with courage, spirit or confidence. Encouraging would manifest in a manager as someone who provides encouragement in stressful moments, provides encouragement to perform a task that may be



new or difficult or tells the staff that they are doing a good job. While these explanations above are very basic, this is the fundamentals of a manager who displays encouragement.

Encouraging is an attribute that is important for a manager to display, this is especially true in the health care setting given the type of work that the staff are involved in. Within the health care setting, clinical and other front line staff are often asked to deal with stressful and distressing issues that are involved with dealing with sick and dying people. Staff dealing with these situations are impacted with emotional labour. Emotional labour is where staff control their emotional output based on the needs of the organisation, for example when dealing with a dying patients family (Sorensen & Iedema, 2009). Emotional labour is essential to the work of health professionals as health care professionals are not only required to read and interpret the physical needs with the patient but the emotional needs of the patient and their family as well (Sorensen & Iedema, 2009). The use of emotional labour can be very difficult for the staff member to deal with (Sorensen & Iedema, 2009). A manager that displays the attribute of encouraging is important in the health care setting due to the discussion above. Clinical staff would need to identify this attribute in their manager as they would be dealing with some difficult and emotional issues and would need a manager that provides support and encouragement when dealing with these issues.

The attribute of encouraging is also important in health care for those who are not in clinical positions or in positions of management within the service. To explain this reasoning, the position of a Cleaner or a Food Services Assistant will be used. Generally speaking, many staff

feel that cleaning and food services staff are ranked lowly on the organisational structure and therefore are sometimes not given the respect that some other staff are given. These staff and other Corporate Services positions like these staff are generally the lowest paid within the organisation. Therefore, given their occupation and subject matter, these staff generally have a low morale when compared to other professional groups within the organisation. It is for this reason that staff in these positions would identify a manager that displays the attribute of encouraging as effective, as they would see a manager that encourages them to continue with their role even if they have low morale. This argument is supported, as it has been stated that health care staff are interested in a manager who leads in a positive and encouraging way (Robbins & Davidhizar, 2007).

This argument could be applied to why the attribute of encouraging may be identified as an effective manager in the public sector in general. It is difficult to get some public sector employees to understand their role and the importance that it plays in the larger public sector arena and that some public sector employees have a limited focus (Tucci, 2008). It is for this reason that public sector employees would identify the attribute of encouraging as an effective manager attribute. In public sector employees would perform better under a manager that displays this attribute as it would give the public sector employees a greater focus and an understanding of the importance of their role.

### *'Transforming'*

Transforming is defined as the ability to change (the organisation or processes) in form of structure for the better. Transformational leaders are managers that are able to inspire their followers over look self-interest and make their staff become more effective at achieving collective goals (Schaubroeck, Cha & Lam 2007). While the general definition of transforming offered above, and the definition of 'transformational' described by Schaubroeck, Cha and Lam (2007) are not identical, the former is subsumed in the latter. A transforming manager would manifest themselves as someone who leads by example; shows concern for their staff, encourage teamwork and support their staff in achieving common goals (Schaubroeck, Cha & Lam 2007).

A transformational manager is important in the health care setting as transformational managers are associated with enhanced work team success as well as enhanced work-oriented values (Morrison, Jones & Fuller, 1997). A transformational manager is able to do this by setting a vision for the future that is so meaningful for the staff that they are able to get buy in from their subordinates (Trofinio, 1995). This raises the question of why a transformational leader is so important in the health care setting. A transformational manager is important in the health care setting as the health care environment needs leaders who are able to inspire others (Medley & Larochelle, 1995). A transformational leader has three major behaviours; these are charisma, individualised consideration and intellectual stimulation (Medley & Larochelle, 1995).

A transformational manager can have a major impact in the health care setting. Research suggests that departments that have been identified as having a transformational leader have higher staff satisfaction, staff retention and in turn greater patient satisfaction (Robbins & Davidhizar, 2007). A transformational leader would manifest themselves as a manager who encouraged teamwork, positive self-esteem, ask staff to become more involved in the development and implementation of policies and ask staff to function at a high level of performance (Smith, 2011).

There are similarities between the qualities of a manager who displays the attribute of transforming and the attributes of encouraging and (not) insecure. The literature reviewed has made reference that a transforming leader is one that is also encouraging and one who has self-confidence and is therefore not insecure (Smith, 2011 and Robbins & Davidhizar, 2007). The identification of similarities between the attributes of transforming, encouraging and not insecure raises questions of whether the attributes are interlinked. Meaning that for a manager to be identified as displaying the attribute of transforming then they must too display the attributes of encouraging and (not) insecure as according to the literature, you cannot be a transforming manager if you are not also encouraging and (not) insecure (Smith, 2011 and Robbins & Davidhizar, 2007).

### *'Efficient'*

An efficient manager is a manager who achieves desired organisational outcomes while using the least time and resources. Within the health service, an efficient manager is identified as

manager that is able to achieve organisational goals (Key Performance Indicators) while consuming the least possible resources to do so. An efficient manager would apply to all aspects of the health service management and would not be focused specifically on clinical services.

It is not surprising that efficiency was identified as an attribute of an effective manager within in the health service. Within in the health care setting, there are many managerial practices that seem inefficient, especially to front line staff who do not understand these processes. A prime example of this is the recruitment process which can take a long period of time to process, this is due to the many approval processes and policies that must be followed. To the staff this is a very frustration process and can impact on their workload, especially when they are required to work without a vacant position being filled.

These processes are bureaucratic processes and are common not only to the health service but to the public sector generally. The bureaucratic processes within the public sector have been identified as one of the main managerial issues (Boyne, 2002). Within the public sector there is more bureaucracy and more red tape, which can slow down processes (Boyne, 2002). Generally speaking, staff on the front line do not understand these processes and therefore would not understand why there are delays with performing tasks and completing actions. It is for this reason that staff within the health service would identify this as an attribute of an effective manager. If they identified that their manager could complete tasks and actions in a fast

manner, especially when it is directly affecting them and other staff, then they would class their manager as efficient.

It is for this reason that this attribute would be identified as an effective manager attribute for the public sector as well. As discussed above, bureaucratic processes are common within the public sector. This is due to the fact the public sector is Government operated services that require policies and procedures in place to ensure that they are operated correctly. This is also because public sector organisations tend to be much larger than private companies are; therefore, there have to be tight managerial processes in place to maintain control. In addition, the staff on the frontline would not fully understand these issues and therefore would only identify the delays that are associated with them. It is for this reason that staff would identify the attribute as efficient as an effective manager attribute.

### *‘(Not) Insecure’*

Insecurity was identified as an attribute of an ineffective manager, therefore not being insecure was identified as an effective manager attribute. An insecure manager is a manager who is not self-confident or assured. An insecure manager would manifest as a manager who is not confident to make decisions, not assured of the decisions that they make, would hesitate to guide staff through processes and would be concerned with the judgment of others. Within the health care setting, an insecure manager would be identified as a manager that would hesitate to make decisions and would need reassurance that the decisions that they made were the

right ones. An example of this would be a manager that hesitates to make a decision regarding staffing or resource allocation.

Not being insecure was identified as an attribute of an effective manager within the health service as staff would need to identify their manager as confident and able to complete the tasks at hand. This is especially important within the health service given the environment that the staff work. Generally speaking, within health care, members of the public provide trust in the service and in the staff to ensure that their health care needs are met. This ranges from front line clinical services to corporate services. It is for this reason that the staff would need to be confident in their work and therefore would want to identify a manager that is also confident.

The same can be said for the public sector more generally. As previously discussed, public sector employees are generally providing services that serve the public. Given the responsibility that can be felt by these employees they too would want to rely on a manager that they thought not to be insecure. While the majority of the discussion above seems to simplify the issue and the attribute, it is for these simple reasons why this attribute would be identified as an effective manager attribute.

### *'(Not) Evasive'*

Evasiveness was identified as an attribute of an ineffective manager. An evasive manager is defined as a manager that would avoid an issue, argument, accusation, or question, by evasion,

excuse, trickery or subterfuge. A manager that displayed the attribute of evasiveness would manifest himself or herself as a manager who would avoid an issue or a disagreement. An example of this within the health care setting may be a manager who works with a 'closed door' to ensure that they could not be confronted by their staff or a manager that avoids providing an explanation of an issue by providing misleading information or by blaming another person or another department.

This attribute has been identified by the staff of SLHD and SWSLHD as an attribute of an ineffective manager. The participants of the study have identified this as an ineffective management attribute as they would expect their manager to be able to respond to issues, provide a response and not give misleading information. This would be equally as valid an attribute within any setting whether it is the public or private sector.

### *'Courageous'*

A courageous manager is someone who has the quality of mind or spirit that enables a person to face difficulty. A courageous manager can also be described a manager who is brave. A courageous manager would manifest himself or herself as a manager who was not afraid to deal with a difficult situation, issue or person. An example of this would be a manager that confronted a staff member that may be identified as difficult and may be creating issues for other staff. Another aspect of this attribute is its function as a role-model. Staff are required to deal with situations that require courage and bravery, for example, dealing with the family of a



dying or critically ill patient. It is for this reason that the staff would want to identify this attribute in their manager.

It is thought that this attribute would also be identified as an effective manager attribute by the staff of the public sector for the reasons above. While not all aspects of the public service deal with difficult situations like the health care, the same argument applies. All staff would want to know that they had a manager that was willing to display this attribute when needed. Ultimately, all staff need to know that when dealing with difficult situations that their manager would be able to provide assistance and appropriate advice. In addition, staff would want to know that they had the backing of their manager. This argument is supported by Smith (2011) who states that staff identifies a courageous manager as a manager who does not back down or allows fear to prevent them from achieving what is needed. A courageous manager protects their staff, develops sustainability which in turn allows the staff a greater sense of confidence in themselves and in their manager (Smith, 2011).

### *‘(Not) Expedient’*

Expedient was identified as an attribute of an ineffective manager. An expedient manager is a manager that does not have a regard for what is right, rather they have a high regard for what is politic or advantageous or is a manager that has a sense of self-interest. A manager that displays this attribute may manifest himself or herself as someone who puts their needs above that of the departments. An example of this within the health care setting is a manager that

makes decisions that does not best represent the need of the patients or of the staff. This decision may be seen favourably by senior management, for example, not staffing a ward with the appropriate skill mix as a cost saving exercise or a manager that does not credit or recognise the input of the staff.

It is not surprising that this attribute was identified by the staff as an attribute of an ineffective manager. This may have been identified as an attribute of an ineffective manager within the health care setting due to the political environment of health. As previously discussed, the health service is very bureaucratic and highly politically and there is lack of understanding of the staff of these processes can sometimes lead to staff believing that decisions that are made are not made with the best interest of the staff (Bradley & Parker, 2001). It should be said that in the case of this attribute, a manager who displays this attribute might not always be doing so for their own good; rather it is because it is for the need of the service. With that in mind, some managers may display this attribute and may behave in this way to advance themselves.

Given the discussion above, it can be seen that staff within the public sector would also identify this attribute as an attribute of an ineffective manager. The public sector, like the health service, is also highly bureaucratic and very political (Bradley & Parker, 2001). Staff would want to identify with a manager that they thought had the best interest of the staff and was not making decisions or taking actions that were political or advantageous to themselves.

### *'Reasonable'*

Reasonable was identified as an attribute of an effective manager. A reasonable manager is a manager that is agreeable to reason or sound judgment. A reasonable manager may also be classed as someone who is logical. A manager who displays this attribute within the health service would manifest themselves as someone who would be able to understand the needs of staff and be generally fair when making decisions. An example of this may be a manager who may be able to agree to leave at short notice for a staff member due to an issue occurring in the staff member's life. While this is a simple example, making simple decisions like this can have a great impact on staff.

The participants of the first study identified this as an attribute of an effective manager due to the nature of working within a health care facility. While all workplaces have their stresses, health care can particularly stressful. It is for this reason; staff would identify a manager displaying the attribute of reasonable as effective because it would provide the staff with additional support. If a staff member knew that they had a manager that they could discuss issues with and be provided with a logical response or a manager that they knew would be able to understand situations then they would feel more comfortable discussion these issues with them. This may be as simple as how to deal with a difficult patient or needing time off work.

### *'Trustworthy'*

Trustworthy was identified as an attribute of an effective manager. A trustworthy manager is someone who is deserving of trust or confidence, dependable and reliable. A trustworthy

manager would manifest themselves as a manager that would be able to gain and maintain the trust of the employees, a simple example of this would be a manager that did not repeat personal or other information about a staff member or a manager that followed through on the actions that they said that they would take. An example within the health care setting would be a manager that did not repeat the personal information given to them by one of the staff members, for example a problem with the family or an illness. Once again, this is a simple explanation but a manager that cannot maintain the confidence of the staff can have a huge impact within the working environment.

This attribute has been identified as an effective manager attribute by the staff of SLHD and SWSLHD. This attribute would be particularly important to health care staff given the environment in which they work and the nature of their work. Health care workers are trusted with the confidence of their patients and their patient's family. Therefore, staff would feel that their manager should hold the same level of confidence when dealing with their matters. Staff would need to have trust in their manager to be fully open with them and to discuss the real issues that are affecting them and their workplace. When reflecting on this attribute, it is easy to see the amount of trust that a staff member needs to place in their manager. Not only are managers privy to a staff member's workplace performance, but generally speaking a manager is also privy to the personal issues that are affecting a staff member. If a staff member is going through major personal issues, such as a relationship break up, they will generally tell their manager, as it would generally affect their workplace performance. It is easy to see why a staff member would want to be assured that their manager would hold their confidence.

A staff member would be less likely to address an issue with their manager if they did not feel that they had their trust or confidence. Staff may have identified this attribute as an effective manager attribute given the discussion above regarding the bureaucratic processes. The staff members would identify trust in their manager if they were assured that the manager would follow through on the actions that they said that they were going to take.

It is for both these reasons that this attribute would also be identified as an effective manager attribute to the staff of the public sector as well. Like health service staff, the staff of the public sector would want to be assured that their managers would maintain their confidence as well as follow through on actions that they said they would take. Based on this reasoning, it would be thought that this attribute would be identified as an effective manager attribute generally and that there would be limited difference between staff in the private sector and public sector.

### *‘(Not) Difficult’*

Difficult was identified as an attribute of an ineffective manager. A manager who is difficult is someone who is hard to deal with or get on with, hard to please or satisfy or someone who is stubborn. A difficult manager would manifest themselves as a manager that made day-to-day dealings difficult or hard. An example of this in the health care setting is a manager that would not accept simple actions such a shift swap or does not appreciate the effort and input of the staff in achieving a goal.

The participants of the first study identified not being difficult as an attribute of an effective manager. Health care staff would identify not being difficult as an effective manager attribute due to the fast past and stressful environment in which they work. While this explanation has been given many times before, it is important to understand the impact the environment and the nature of the work can have on the identification of attributes. A manager that is deemed as being difficult would not be able to provide the support and guidance needed by the health care staff member and therefore, the staff member would be less likely to come to the manager seeking advice and guidance. Based on this discussion and the discussion above it can be seen why it has been identified and reported that departments with managers that are deemed as effective have higher staff retention and better patient outcomes (VanOven Force, 2005).

## Comparison of the Results to Previous Literature

Of the 10 attributes identified by the staff of SLHD and SWSLHD, four attributes were identified either directly or indirectly in previous literature as attributes of an effective manager. These four attributes are insecure, reasonable, courageous and transforming.

### *'Not' Insecure*

The attribute of a lack of insecurity was not specifically identified in the literature as being an attribute of an effective manager. However, the attribute of being self-confident was. Self-

confidence is an aspect of not being insecure. Schermerhorn et al. (2004) and Boldy, Jain and Northey (1993) identified the attribute of self-confidence as an attribute of an effective manager. A successful manager not only trusts themselves, but also has confidence in their abilities and the decisions that they make (Schermerhorn et al., 2004). As discussed in the literature review, Schermerhorn et al. (2004) did not base this conclusion evidence generated from a study on this topic rather it was based on the author's opinion. As detailed in the literature review, Boldy, Jain and Northey (1993) conducted a study to identify the attributes of an effective manager of four European countries and to identify whether there were any cultural differences. Both the respondents from Sweden and Germany identified the attribute of being self-confident as an attribute of an effective manager (Boldy, Jain & Northey 1993).

### *'Reasonable'*

The attribute of reasonable would be identified as an effective manager attribute by staff of both the public and private sector. This statement is confirmed by the literature that was reviewed. Schermerhorn et al. (2004) and Upeniekes (2003) both identified the attribute of flexibility as an attribute of an effective manager. While the attribute of flexibility and the attribute of reasonable are not one in the same, it can be said that for a manager to reasonable then they should then be flexible.

A successful manager needs to be able to adapt to the needs of their followers (Schermerhorn et al., 2004). As discussed previously, Schermerhorn et al. (2004) did not base this conclusion on empirical evidence rather was their opinion. In addition, the flexibility that is required to be a

reasonable manager refers to the need to adapt to the need of the followers. Upenieks (2003) conducted a study on the attributes of an effective nurse manager in magnet and non-magnet hospitals. Upenieks (2003) reported that the attribute of flexibility was identified as an attribute of an effective nurse manager in both the magnet and non-magnet hospitals. What is interesting about the study conducted by Upenieks (2003) is the fact that the attributes that were identified were not identified by the staff, rather by the nurse managers themselves. This indicates an understanding of managers to be flexible when managing staff. What the study by Upenieks (2003) also identifies is the strength of the first study as it gave an opportunity for the staff of the health service to identify this attribute and other attributes of an effective manager. What is also interesting to note is the fact that the participants of the study were provided with the attribute of flexible to rate, but still rated the attribute of reasonable higher. This indicates that the staff are looking for a deeper interaction with their manager and would prefer their manager to be reasonable and not only flexible.

### *‘Courageous’*

While the attribute of courageous was not specifically identified in previous literature, Kimes (1988) identified the attribute of lack of fear of conflicts and Engel (1998) identified the attribute of courage. Kimes (1988) stated that a lack of fear for conflicts was an attribute of an effective manager. While there are similarities between this statement and the attribute of courageous identified in the first study, the attribute identified in the first study looked at more than lack of fear of conflict rather than just general courageousness.



Engel (1998) stated that the attribute of courage was an attribute of an effective manager.

Engel (1998) made this statement in references to high-achieving managers as they dare” to challenge the unknown. If one can equate high-achievers with effective managers, then daring may be one aspect of courage, but courage may manifest in other ways. The manager of the Domestic Service department may not be who Engel (1998) had in mind, but he or she may display the attribute of courage.

### *‘Transforming’*

Transforming was an effective manager attribute identified by VanOyen Force (2005). There are three separate characteristics of a transforming manager; these are charisma, individualised consideration and intellectual stimulation (VanOyen Force, 2005). It is difficult to compare the outcomes of this study with the study undertaken by VanOyen Force (2005). Charisma, as an attribute may be understood by all but is no doubt a term, which is influenced by culture, gender and time. Several of the elements of this study might describe a charismatic personality; in fact, all of the attributes would ensure the presence of charisma. Because of the use of such a general attribute, it is not possible to compare the outcomes of the studies. Likewise, intellectual stimulation is a state of being rather than an attribute and is reliant on a large number of external factors, which may or may not relate to the inherent or otherwise skills and attributes of the manager. Intellectual stimulation can be enhanced within the workplace and amongst staff. Nevertheless, it is limited to the environment and the duties performed by the staff group. It is more difficult to effect intellectual stimulation in some work environments than

it is in others. Health management is carried out in a number of environments as diverse as clinical service provision and laundry production, cleaning services and telephony. Not all work environments provide environments for intellectual stimulation and as a consequence, this narrows the value of the VanOyen Force (2005) findings.

While there are similarities between the attribute of transforming identified in the first study and the attribute of a transformational leadership style identified by VanOyen Force (2005) they are not one in the same. There are differences due to the settings of the studies. The first study was conducted in two large Local Health Districts within the NSW Health Service whereas VanOyen Force (2005) study was set in health care facilities within the United States. As it is well known, there are major differences in the health care system of Australia and the United States and due to these differences, there is a different understanding of what transformational and transformational leadership style means. VanOyen Force (2005) focused specifically on Nurse Managers and not health service manager more generally. This focus on a specific professional group could have affected the results that were generated. The attribute of transforming was not identified as an attribute of an effective manager in the other studies due to the nature and the setting of the other studies.

## Why Some Attributes were not Identified in Previous Literature

It is noted that none of the literature reviewed identified identical attributes to those that were identified in this first study and for six of the 10 identified attributes there was no similarities

found in the literature. This raises the question of why there are significant differences between prior research and the attributes that were identified by the staff of SLHD and SWSLHD.

The first major reason why there may be such a significant difference between the attributes that were identified in the first study and the attributes that were identified in previous literature could be due to the distinctiveness of the public health system, which has been discussed previously. The majority of the literature that was reviewed was not set in the Australian public health sector. This suggests that the identified attributes are specific to the professional groups within the health service. This is not to say that other attributes which were identified in the literature such as entrepreneurialism is not important in the public sector, merely that it is not as important as the qualities identified in this first study. To put this another way, the attributes that are indicative of effective public health service managers are unique. This is an important finding as it may mean that effective manager attributes are industry specific as well as sector specific (public and private).

Another reason why there may have been differences in the attributes identified in previous literature and the attributes identified in the first study is due to differences in the way in which the research project structured and carried out. An example of this is the number of participants that were involved in the first study. One of the major strengths of the first study was the fact that it was open to all staff of SLHD and SWSLHD. This meant that all levels of staff were able to participate and provide their feedback on what they thought to be the attributes of an effective manager. This is different to the majority of the research studies that were

reviewed as the majority limited the participants of the study to staff who were already in management position. These include the studies conducted by Callen (2008), Upenieks (2003) and VanOyen Force (2005).

By allowing the first study to be open to all staff members of the two Local Health Districts, the researcher was able to collect data on the attribute of effective manager from all levels of staffing groups. Therefore, the data that was collected was not only shaped by the opinions of one level of staff. It is for this reason why there are differences in the attributes that were identified in the first study and the attributes that were identified in previous literature.

Finally, the application of the Lexical Hypothesis may be another reason why there was differences in the attributes identified in the first study and the attributes identified in previous research. None of the previous studies that were reviewed provided such a comprehensive list to of descriptors to the participants of the research project. The provision of the comprehensive list allowed for two things, the first is the identification of negative attributes, that is attributes associated with ineffective managers and the second is the identification of attributes that have not been previously identified. These two factors indicate the strength of the first study. By providing the participants a greater amount of freedom when rating the descriptors and by including negative descriptors it has allowed for the identification of attributes that have not yet been previously identified.

## Conclusion

The first study identified ten attributes of an effective manager based on the ratings given by health service employees. The attributes that were identified are encouraging, (not) insecure, reasonable, courageous, trustworthy, (not) expedient, efficient, transforming, (not) difficult and (not) evasive. The identification of these attributes has contributed to this area of study, as the majority had not been previously identified. The identification of these attributes has also significantly contributed to this area of study as it identified the attributes of an effective manager specific to the public health service – at least within Australia.

## Chapter 5: Second Study

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The second study is the main study of this thesis. In reference to the conceptual model discussed above, the second study aims to use the attributes identified as associated with effectiveness and see whether these can be identified in staff that are not in management positions. The second study also aims to identify the factors that may influence whether a person is identified as displaying these attributes. While the research aims and justifications have previously been presented, some methodological questions and logic have yet to be explained. The first study, as does this second study employed an unusual rating scale, and aggregated participant responses in a very particular way. Before the results can be fully understood, a better explanation of key aspects of the methodology will be explored.

### Choice of Methodology

Given the relative paucity of literature specifically in this area, this research is exploratory in nature. As such, no *a priori* hypotheses could be formulated based on theory or previous empirical findings. Given the opinion of large numbers of employees was needed with the least time and disruption to their normal work routines, surveys were considered the best approach. However, the survey approach would need to be developed in a way that addressed all the research questions. An initial survey must test hundreds of potential attributes of effective managers, while another survey will ask the participants to rate themselves against previously identified management attributes. The participant will then be asked to list and rate all staff

who they feel they know sufficiently well against the listed attributes. Potential sources of rating bias will also need to be identified and examined. The participants will also need to be broadly reflective of typical employee of the public health sector within Australia. These methodological challenges will be dealt with in detail in the methods sections of both chapters four and five, but it would be appropriate to outline a few key points here. The first survey was conducted with all of the staff of SLHD and South Western Sydney Local Health District (SWSLHD) formally known as Sydney South West Area Health Service (SSWAHS). The second survey is an in-depth study with the staff of Canterbury Hospital, a hospital managed by SLHD.

The second study will utilise the findings from the first study. The first study aims to identify the attributes of an effective health service manager by asking staff of SLHD and SWSLHD to rate a list of 632 attribute descriptors. The second study aims to identify whether an instrument derived from these previously identified attributes can be implemented within NSW Health to be used as a method of identifying talented managers and as a feedback / performance management tool. The same rating scale that was used in the first study will be employed in the second study. Participants will be asked to “please rate the degree to which each attribute describes the person”; the scale is described as:

- 1= much less than the average person
- 2= less than the average person
- 3 = about the same as the average person
- 4= more than the average person

5= much more than the average person

*Are observer ratings valid if the rater only got a low score on that same attribute?*

Can participant's judge a managers level of encouragement (or anything else) if they themselves are not seen by others as encouraging? They may think that they are encouraging, but others may not see them that way. Further, whether they are or are not, does that affect their ability to read others accurately? Indeed, what are the most appropriate criteria for accuracy in this regard? How is their acuity in this regard to be judged and quantitatively tested?

The hope with averaging everyone's subjective assessments about managers is that there is no systemic bias in their opinions, that if any errors in judgement are made, they are just as likely to be too high as too low, and so by averaging these scores a largely accurate assessment can be made. This logic also implies that if everyone judged a person accurately they would all give you exactly the same rating. However, is this necessarily the case? This research has a presumption that each individual rating is valid, and that they need not be the same to be accurate, at least from that person's perspective. The corollary of this statement is that people can judge attributes they may not have themselves and there is no need to discount their opinion on that basis. However, one should not automatically assume they have interpreted the scale correctly. This was discussed above in chapter four.



## Methodology

### *Participants*

The second study of this thesis involved the participants completing two surveys. The participants of the second study were full-time, part-time and casual staff of Canterbury Hospital in Sydney. Contract staff of Canterbury Hospital was not asked to participate in this research project, as their transient tenure would likely mean they had less of an idea about who the effective and ineffective managers were. Contract staff includes but is not limited to agency Nursing and Midwifery staff and the Health Support staff working in the Food Services.

Canterbury Hospital was selected as the facility to complete the research project, as it was believed that the staffing size and makeup of the hospital would best suit this research project. Canterbury Hospital has approximately 646 Full-time Equivalent (FTE) staff. This equates to a head count of 774 employees. The staffing at Canterbury Hospital can be broken into five professional or staffing groups. These are as follows, Administration, Corporate and Clinical Support, Medical, Nursing and Midwifery and Technical support. Appendix 4 is an organisation chart, which indicates the management structure of these groups. The approximate head count for each of these groups is as follows:

- |                                |     |
|--------------------------------|-----|
| • Administration               | 82  |
| • Corporate & Clinical Support | 79  |
| • Medical                      | 130 |
| • Nursing and Midwifery        | 448 |
| • Technical Support            | 84  |

Please note the numbers above include agency staff, for example, agency nursing and midwifery staff. This is why there is a discrepancy of 49 between the head count of 774 and the total of the figures above.

The potential participants of the second study were identified through the Human Resources department of the hospital. Participation in the research project was voluntary and staff were only asked to participate if they agreed to do so. In order to allay any concerns staff might have in participating in this survey, staff information sessions were run for groups of staff seeking further information. Meetings also occurred with the relevant Unions and Associations to ensure they were well informed of the project so they can advise their members should they seek such advice on whether they should participate in the project.

Fifteen participants responded to the survey and rated both themselves and 105 other employees in total (averaging seven other staff rated per participant). Given the employee population at the hospital was 774 this sample represents 1.94% response rate. In this sample, 33.33% of respondents were Nurses and Midwives, 26.67% were Administration, 13.33% were Allied Health and 26.67% were Corporate Services leaving only Medical Officers unrepresented. Twenty six point six seven percent (26.67%) of the participants were male with the remaining female. A detailed examination of any problems that may be posed by this response rate is presented in the results section.

## *Materials*

The participants of the research project were asked to rate themselves from one to five against 10 attributes that have been identified in the first study (see Appendix 1). Once the staff member rated themselves, they were asked to rate all staff currently employed at Canterbury Hospital that they feel they knew well enough, using the same rating scale against the same 10 attributes. As with the first study, the rating scale is from one to five, a score of one means that the person that was rated is significantly less than the average person in relation to that attribute. The score of two is less than the average person, a score of three is approximately the same as the average person, a score of four is more than the average person and a score of five is significantly more than the average person (see appendix 5 & 6).

## *Procedure*

The researcher attached a copy of the two surveys, the information sheet, the consent form and two envelopes to the pay slips of all of the permanent staff of Canterbury Hospital. All full-time, part-time and casual employees of Canterbury Hospital received a copy of both surveys and asked to participate. Staff wishing to participate in the survey will be asked to rate themselves against the 10 attributes which have been identified above. On a separate survey, the staff member was then asked to list all the staff they believe they know sufficiently well enough and then to rate them against the 10 attributes. Appendix 5 and 6 is a copy of the surveys, which were provided to the staff. Once this was completed, the surveys were sent to the researcher via the internal mail system within the Local Health District where the data was analysed. The data that is collected from the survey will be held securely by the researcher and the information will not be shared with the management of Canterbury Hospital or SLHD.

Before the commencement of the survey, staff were given an information sheet listing the instructions for completing the survey. A copy of the information sheet has been attached as Appendix 9. The staff that completed the survey were asked to maintain confidentiality regarding who they rated and the rating they gave. Once the surveys were completed, the participants were asked to place the surveys in a sealed envelope, which were provided to them at the time they receive the surveys.

Some of the data that was gathered was identifiable as the participants of the survey placed their name on the survey where they were asked to rate themselves. The participants were not required to place their name on the survey, which asks the participants to rate other staff that they feel they know well enough. Once the researcher received the completed surveys, the data was entered into a spreadsheet and the original surveys were stored by the researcher in a locked draw. The electronic data did not include identifying information and was be stored on an unmarked memory stick in an encrypted folder. The electronic data as a complete dataset was reviewed by the researcher.

Permission to conduct this research project at Canterbury Hospital was sought from the Chief Executive of SLHD, General Manager of Canterbury Hospital, Royal Prince Alfred Hospital Human Research Ethics Committee (Appendix 7) and the University of Tasmania's Human Research Ethics Committee (Appendix 8). The researcher also met with the Nurses and Midwives Association and the Health Services Union. The researcher did not seek permission from these organisations to conduct the research project at Canterbury Hospital; rather the researcher was informing them of the process so they could inform their members.

## Second Study Results

### *Confirming the First Study Results*

One incidental objective of the second study was to confirm one aspect of the first study results, that the 10 characteristics of effective managers do indeed predict effectiveness. To this end a simple multiple regression was run with “effectiveness” as the dependent variable and the 10 descriptors as independent variables (encouraging, insecure, reasonable, courageous, trustworthy, expedient, efficient, transforming, difficult and evasive).

Indeed the multiple R was very high (.81), which afforded an  $R^2$  of .65. This was a significant equation ( $F(10)=16.56$ ,  $p=.001$ ). All independent variables contributed significantly to the equation. All but four of the independent variables were positively associated with effectiveness with the anticipated exceptions of ‘insecure’, ‘expedient’, ‘difficult’ and ‘evasive’.

### *Response Rate and Generalisability*

While this response rate is low, application of the Krejcie and Morgan (1970) equation (as applied by the National Statistical Service, assuming a 95% confidence level for a population this size where every response is deemed to be a valid attribute being sampled), indicates that the minimum representative sample size is merely two participants. While this may mean that the sample in this study is adequate from a representational point of view, the question of generalisability is still far from certain.

In order to estimate the generalisability, a statistically comparable data set was analysed. The sample of 8,628 permanent full-time and part-time employees of Queensland Health represented a 34% response rate (all casuals and agency staff were excluded). This sample was derived from a staff survey conducted in 2008 by the Community and Organisational Research Unit with the University of Southern Queensland (the Better Workplaces Staff Opinion Survey). In order to determine how a low response rate may affect interpretability, the standard error of the mean was calculated for 12 of the key indicators in the survey (workplace morale; workplace distress; supportive leadership; participative decision making; role clarity; professional interaction; appraisal and recognition; professional growth; goal congruence; excessive work demands; quality of work life; individual morale; and individual psychological distress). Each of these standard error of the means were divided by the maximum possible score of the respective scale, as these varied between 20 and 49. The standard error of the mean was thus standardised and could be expressed as a percentage standard error.

The average of these adjusted scores was calculated at 1.86% standard error with a 34% response rate, clearly an ideal response rate with such a low standard error of the mean. Nevertheless, this level of error in sampling (and thus generalisability) does not diminish appreciably as the response rate drops. As an exercise, one could randomly resample from this data set to simulate a 33% response rate, 32% response rate, and so forth. The average standard error of the mean barely changes until the simulated response rate falls below 1%. At a 1% simulated response rate, the average standard error of the mean jumps to 10.61% which on a five-point scale only constitutes a standard error of .5 either side of the derived sample

mean. In this case, a comparable simulated 1.94% response rate yielded an average standard error of the mean of only 4.19%. In short, as long as one denotes an appropriate standard error adjustment in interpreting the results from this survey, one can be reasonable confident of their generalisability. In this case average scores on a five-point scale are being presented; results simulating a 1.94% response rate indicated that the actual population mean is 95% likely to be within two standard errors of the sample mean presented in the following results ( $\pm .42$ ).

Despite this reasoning, some readers will no doubt still have reservations about the representativeness of the sample (an issue of face validity if nothing else). To the degree that the issue of generalisability remains an issue (now clearly arguable) a fuller examination of the limitation is explored in the last chapter. Nonetheless, and with cautious interpretation, the finding should be presented. Below is a table summarising the ratings received for self and for others.

**Table 5: Summary of ratings received for ‘self’ and for ‘others’**

	Self-rating			Other rating		
	Minimum	Maximum	Average	Minimum	Maximum	Average
Effective	3	5	3.86	2	5	3.50
Encouraging	3	5	3.71	1	5	3.29
Insecure	1	4	2.50	1	5	2.69
Reasonable	3	4	3.64	1	5	3.25
Courageous	2	5	3.36	1	5	3.35

Trustworthy	3	5	4.29	1	5	3.46
Expedient	2	5	3.14	2	5	3.29
Efficient	3	5	4.07	1	5	3.50
Transforming	3	5	3.29	1	5	3.15
Difficult	1	3	2.21	1	5	2.58
Evasive	1	4	2.36	1	5	2.63

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### *Analysis of the Research Questions*

#### **Does correcting for any rating bias change the profile of scores individuals receive?**

In order to address this question, the average rater score for each characteristic was calculated.

Were these figures were above or below three, (which on the scale that was in the questionnaire represented “about the same as the average person”) this was taken to represent either a misinterpretation of the scale or positive or negative bias in the rating of other employees. The individual scores given on each characteristic were corrected by an amount (positive or negative) that would make the average score for that characteristic for that rater equal three. This corrected amount was different for every characteristic and every rater. While this exercise to a large degree can correct for bias or misinterpretation of ratings, it is not clear whether this exercise affects distribution of scores rates receive. To this end, the mean, standard deviation and skewness of individual ratee scores was calculated both for the corrected and un-corrected characteristic scores.



Not surprisingly, the corrected means were all very nearly three, which just reflects the exercise in correcting the rater's original scores. The skewness of the un-corrected scoring method was in every case below the usual skewness criteria margin (three times the standard error of skewness). The effect of correcting for bias had no consistent effect on skewness, in some cases the skewness went up, in some went down while in other cases it remained relatively the same. In any case, the skewness of corrected scores did not meet the usual skewness criteria margin and hence the correction of rater scores appeared to have no consistent impact on the skewness of ratee scores.

There was a consistent affect for correcting rater scores on standard deviation. Every characteristic, displayed a marginal but consistent narrowing (lessening) of the standard deviation. The average lessening of standard deviation across all characteristic was .21 on a five-point scale. Because the exercise of correcting scores both lessened bias or misinterpretation of the scale and impacted in a consistent way on the distribution of every scale, the corrected scores will be used in the remaining analyses conducted for this thesis.

### **What proportion of staff show characteristics of an effective manager?**

There was an initial attempt to approach this question categorically as the wording of this question implies. To this end, the corrected average subscale score was dichotomised to reflect those individuals with scores above and below 3.5 on each subscale. To some extent the threshold of 3.5 is somewhat arbitrary. To settle on a threshold of 3.0 which represents the

average person in relation to that subscale, it would include individuals whom, allowing for a margin of error, are really only average and not above average in terms in the characteristics associated with managers. To draw the criteria too high, for example 4.0 or higher, would identify too few individuals. Thus a criterion 3.5 was settled on, at least for the purpose of initial analysis. It was then a simple matter of adding up the number of subscales each ratee obtained that were 3.5. No ratee achieved 3.5 or above on all 11 subscales. The best the ratee in the sample achieved only eight subscales above 3.5 and it was rare to have rates with more than five subscales above 3.5.

For this reasoning the average of all 11 corrected subscales was calculated for each ratee. These average scores ranged from 2.0 to 3.85 with average score of 2.99. There were 30 ratee's who had average scores of 3.0 or higher which represented 46.87% of the rated sample. However, to apply reasoning consistent to that outlined above, a criteria of 3.5 was applied which yielded only two ratee's or 3.13% of the sample. These later individuals were clearly above average in relation to the characteristics associated with effective managers and roughly at three in every 100 individual represented an elite cohort.

**What proportion of those staff who display these characteristics are already in a position of management, and can a particular total score largely distinguish these two groups?**

For the sake of proportional analysis, ratee's were divided into above and below average (above and below 3.0 on the average of all the corrected subscales); this dichotomised ranking set against whether the ratee was identified as being a manager. Allowing for missing data

there were 61 valid cases in this two x two matrix. Eighty-five point two five percent (85.25%) of the sample (n=61) were identified as managers, which is a significantly higher proportion than one would expect, even with a liberal definition of manager which was used in this research. Remember the definition of “manager” is any individual who manages the efforts of others regardless of the job title. By this reckoning, a supervisor who has responsibility for one other person could be defined as a manager. On this basis, more or less half a general working population could be described as managers of one type or another. Thus, the high proportion of managers evident in this sample indicates that more managers were being rated than general staff.

This said, there was no significant relationship between a person having managerial responsibility and there being above or below average in relation to the characteristics associated with effective managers ( $\chi^2(1)=.27, p>.05$ ). It is equally likely that this lack of relationship between talent and position maybe an artefact of the sampling skewed towards managers, as evident here or a genuine lack of selectivity of managers on the biases of the characteristics associated with effective managers. Given this result, there is no likelihood that a particular average corrected score can be identified that largely distinguishes between managers and non-managers.

**Table6: Talent by position**

	Non Manager	Manager
Below average	4	28
Above Average	5	24

**Are those staff who display these characteristics more influential within the organisation as measured by the number of people who rate them?**

In relation to the number of participants that rated an individual ratee, the frequency of rating range between one (in 65.1% of instances) to five (in 1.61% of instances). The mean number of participants rating an individual ratee was 1.63. Again, it was this frequency that was taken to indicate the level of influence within the organisation. This was correlated with the average corrected score across all 11 subscales, the correlation was .03 (Pearson's  $r$ ). This indicates that there was no linear relationship between the characteristics of effective managers and what was taken as the degree of influence in the organisation. In other words, it was just as likely for an influential person within the organisation to have above average, below average or indeed right around average level of ability as a manager. Their level of influence was clearly independent of their talent as a manager and thus opens the door to well below average manager wielding inordinate influence as much as talented managers wielding little or no influence.

**Do people rate superiors, peers and subordinates in a consistently different way and do men and women rate men and women in a consistently different way?**

The next two research questions are the same in terms of their construction. One asks whether a rater's position (as manager or non-manager) affects their ratings depending on the ratee's position. In a similar fashion, the final question asks whether the rater's gender affects their ratings depending on the ratee's gender. In both cases, this is expressed as a significant interaction. Between the rater's position or gender and the ratee's position or gender (respectively). As there are two levels of each independent variable in each equation the most obviously analytic approach would be to conduct a two x two ANOVA in each case to address each research question independently.

In this sample the rater's management status would be attempting to compare six non-managers with 97 manager's ratings of 12 non-managers and 91 managers. This disproportionality is also apparent in gender, where 18 male and 85 female rater's attempt to rate 28 male and 75 female ratee's. While variation such as this is not uncommon in naturalistic sampling, it leads to the violation of the assumption of the homogeneity of variance, and thus renders any results from a factorial ANOVA uninterruptable. Put simply, the parametric statistic cannot effectively deal with markedly difference variances in the groups being compared. An alternate approach would be to create an interaction term by multiplying the rater's position by the ratee's position and doing the same for gender. These interaction terms could be entered sequentially into a multiple regression after the simple main effects had been accounted for in order to determine whether the interaction term contributed significantly to equation. While

this is a somewhat unorthodox approach it would be robust against the asymmetry evident in the sampling here.

The first equation dealing with the managerial status indicated that there was not a significant relationship between the rateer's managerial status, the ratee's managerial status, nor an interactions term between the two ( $F(3)=.23, p>.05$ ). Likewise there was no significant relationship between the rater's gender, ratee's gender, or an interaction term between the two ( $F(3)=.08, p>.05$ ).

## Discussion

### *Confirming the First Study Results*

As previously stated, one of the objectives of the second study was to confirm the first study results, that is to confirm that the 10 attributes identified in the pilot study, do in fact predict effectiveness. The results from the initial analysis of the second study confirmed the results from the first study. It was found that all identified effective manager attributes from the first study were positively associated with being effective. This of course does not include the four negative attributes of insecure, evasive, difficult and expedient which were negatively associated with being an effective manager.

While these results are encouraging, there is still room for further confirmation with an independent sample replicating the first study. It may be that an independent replication would have identified a somewhat different optimal subset of attributes of effective managers. The confirmation of these results indicated that these attributes did indeed predict effectiveness is an important step, but independent confirmation is not yet established. Nonetheless, it is clear that staff, who received a higher score for effective, generally received a higher score for the other identified attributes. Once again, this did not apply to the four negative attributes; generally people who were identified as being effective received a lower score for these four attributes.

### *Response Rate and Generalisability*

The response rate to the survey was not as large as expected. Only 15 staff of Canterbury Hospital volunteered to participate in the study. Given that Canterbury Hospital has a staff head count of 774, this equated to a response rate of 1.94%. The 15 participants rated 105 other employees (an average of seven people were rated per participant). There was concern that the low response rate would negatively affect the research project and the generalisability of the results.

It was found that after applying Krejcie and Morgan (1970) equation and reviewing a data set from a similar research project, that the low participation rate did not affect the sample size or the generalisability, though some cautions in interpretation are clearly warranted. Allowing for

a .42 margin of error on all means presented, these results are broadly generalisable to at least to SLHD, SWSLHD and perhaps to a lesser extent to NSW Health in general. This was important to ascertain, as this research project will be used as the bases for future research, in particular, the first study and the second study will form the basis of phase three of the research project. Phase three will be based on the second study but will be conducted in a large facility. The results from the second study will also shape the decision for whether this could be a formal process that is introduced across the health system.

The low participation rate is interesting to note as this indicates that there is a general lack of willingness by the staff to want to participate in these types of processes. Informal feedback received regarding the unwillingness to participate includes issues of confidentiality, fear of being identified and feelings of ill will between staff. This shows the researcher that these issues would have to be addressed in future research or if this was to become a formal process.

### *Does Correcting for Rating Bias Change the Profile of Scores Individuals Receive?*

It was found that correcting for rating bias did change the profile of scores that individual received. Based on this information, the corrected scores were used for further analysis. This exercise aimed to identify the impact that correcting the scores had on the results. The process also indicated that the rater's were, generally speaking, either positively or negatively biased when rating the ratee's.



This bias was corrected in the way described in the introduction of this chapter, and this was appropriate to do so as it was found that the majority of the participants had included bias in their ratings, for example, the rater had given a higher rating or lower rating than what was deserved. Nevertheless, this 'correction' may have introduced one source of error in attempting to lessen the presence of another. Yet from a probabilistic perspective, any possible introduced error would likely be smaller than and systematic bias removed. Thus, this indicates that this correction process would have to be implemented in future processes that involve the rating of individuals in reference to the attributes of an effective manager.

The result generated from this research question indicates that generally there is some rating bias, whether this is positive or negative. The literature reviewed in relation to this did not indicate whether this was an issue that had been previously addressed. It is disappointing that this issue has not been previously addressed in the literature as it is assumed that this would be an issue that would affect the majority of research, which relied on the participants rating other people. While it is uncertain whether this result has been found in the previous literature reviewed, it does contribute to a greater understanding of this area research. It is an important result as it has implications for this area of study and future research as it indicates that if a rating scale is used in other research projects that the researcher should ensure that the results are corrected for rating bias. This result indicates that if scores are not corrected then this may skew the results received.

### *What proportion of staff show characteristics of an effective manager?*

Before this question could be fully answered, a decision had to be made in regards of how a ratee would be deemed as showing attributes of an effective manager. Based on the rating scale that was provided to the participants of the second study, it was decided that it had to be a score over 3.0, as 3.0 indicated that the ratee displayed these effective manager attributes “about the same as the average person”. This would therefore indicate that the ratee did not display the effective manager attributes more or less than other people within the organisation. It was also decided that a score of 4.0 or higher would identify too few participants. Therefore it was decided that a score of 3.5 would be used to identify ratee’s that displayed attributes of an effective manager.

Initially, it was believed that ratee’s who displayed attributes of an effective manager would be identified by identifying ratee’s who received a corrected score of 3.5 or above in each of the 11 subscales. No ratee received a corrected score of 3.5 in all 11 subscales. Eight was the most subscales a ratee received a corrected score of 3.5 or above and it was unusual for a ratee to receive a corrected score of 3.5 in more than five subscales. Therefore it was for this reason, it was decided that the average of the 11 corrected subscale scores would be used.

After applying the above, it was identified that 30 ratee’s had an average score of 3.0 or above, this accounted for 46.87% of the rated sample. This shows that less than half of the sample rated displayed attributes of an effective manager “about the same as the average person”.

This is an interesting result as it indicates that over half of the sample rated displays attributes of an effective manager “less than the average person”. Given the fact that the majority of the ratee’s were in a position of management, this highlights that this is an area of need for SLHD and SWSLHD.

Of the rated sample, two ratees received a corrected average score of 3.5 or above, this equates to 3.13% of the rated sample population. This is a surprising results as it indicated that within a hospital environment, 3.13% of the staff would display enough attributes of an effective manager. Therefore, in a hospital with the staff size of Canterbury Hospital, which has 774 staff, based on these results, it would be assumed that approximately 24 staff members are displaying attributes of an effective manager “more than the average person”. The degree to which this may or may not reflect proportions reflected in other research is impossible to say as these proportion depends on where one ‘draws the line’.

If these results were to be generalised to the health service in general, it would indicate that there are small number of staff that would display the attributes of an effective manager “more than the average person” across NSW Health. This is important to acknowledge as it demonstrates that SLHD, SWSLHD and NSW Health in general have to implement some type of feedback tool to identify these staff members. This also confirms this is an area of need for the NSW Health service and one that needs to be addressed to ensure that appropriate staff that have both the technical skill and display the attributes of an effective manager “more than the average person” are identified and if appropriate placed in positions of management. This is

extremely important given the positive impact that has been identified as being associated with managers that display these attributes.

None of the literature reviewed for this research project reported on the number of staff within organisations that displayed these management attributes. Therefore, it cannot be stated whether this result was consistent with that which is found in the literature. While it cannot be stated whether this result is consistent with that of other research, this does indicate that this research project has contributed to a greater understanding of the attributes of an effective manager and the proportion of staff that display these attributes. The identification of the proportion of staff who display these attributes will provide greater context to this area of research for further research projects as it will allow the researchers to have an idea of how common these attributes are. This result will also allow future researchers to have a basis and a comparison if they are to study the proportion of staff who display the attributes of an effective manager whether it is based in a health care facility or not.

*Are those staff who display these characteristics more influential within the organisation as measured by the number of people who rate them?*

The result for this question indicated that there was no relationship between staff who displayed the attributes of an effective manager and their level of influence within the organisation. This means that a staff member's level of influence is not affected by whether they display the attributes of an effective manager. This result is interesting as it shows that a staff member's influence is not based on whether their behavior is positive or negative,

meaning that a staff member may have a high level of influence within an organisation, which could be negative. From the manager's perspective, it would be hard to manage a person with a high level of influence that is having a negative influence within the organisation.

Identifying the staff member's degree of influence based on their ratings when compared to the attributes of an effective manager as the number of times they were rated was not addressed in the prior literature. Therefore, it cannot be concluded whether this is consistent with previous findings. The result from this research question this adds considerably to this area of research as it shows that a person can display these attributes and not be in a managerial position. This is important in relation to health service management as it identifies that there is potential management talent that have not yet been identified. This is important, as it has been identified that there are a shortage of managers that display these attributes.

*What proportion of those staff who show these characteristics are already in positions of Management, and can a particular total score largely distinguish those who are in management positions and those who are not?*

The result for this question indicated that there was no relationship between a person displaying positive attribute (or failing to display negative) attributes and this person being in a management or supervisory position. Regardless of their position, ratees were just as likely to display desired attributes, as not. This could be taken as a challenge to the validity of this research. Surely one's indices must be wrong if they fail to point to managers already working in a trusted role. While this may be the case, the distinction repeatedly made between technical competencies and the sorts of general attributes that make a manager effective points to the

genuine possibility that the health service has not systematically attended to the sorts of attributes identified in this research. One important aspect of this finding indicates that people displaying 'effective' attributes may not already be in a position of management. In other words, there is a pool of staff who display the attributes associated with an effective manager who could be identified and developed as managers.

The previous literature did not report any findings on the proportion of staff that are display the attributes of an effective manager and whether they were in managerial positions or not, and so it cannot be concluded whether this is consistent with previous research. This contributes to and further develops the understanding of the attributes of an effective manager and whether the people who display these attributes are already in management positions. It also allows NSW Health, specifically SLHD and SWSLHD to have a better understanding of staff who may be displaying these attributes and these staff can be identified and if appropriate undergo further development.

*Do people rate superiors, peers and subordinates in a consistently different way and do men and women rate men and women in a consistently different way?*

This question aimed to identify whether the staff rated superior, peers and subordinates in a consistently different way. It was found that there was no relationship between staff's managerial status and the ratee's managerial status. This means that the participants rated each other in the same way, independent of their position within the organisation. As stated above, as the majority of the ratees were in a managerial position, it is uncertain whether this

has affected the results. These results indicate that if this process was to be formally rolled out within the health service that it would be safe to assume that the ratings would not be affected by ratee's position within the organisation. This is an interesting result and was not the expectation of the researcher. It was believed that the ratings would be influenced by a person's position within the organisation; this was based on the previous research.

According to Edwards, Scott and Raju (2003) it is believed that organisational power affects that the feedback that is received through formal feedback process. As discussed in the literature review, Erkutlu and Chafra (2006) state that there are two types of organisational power, these are positional power and personal power. Positional power refers to the power that an employee has based on their position within the organisation. Personal power refers to the power a person has, irrespective of the position they hold within the organisation (Erkutlu and Chafra, 2006).

The literature reviewed reported that ratings given to manager, peers and subordinates were influenced by the ratee's position and their perceived power within the organisation. Based on literature from Vredenburg and Brender (1998) it was surmised that the feedback given to a manager through a formal feedback process would be based on the relationship that the subordinate had with their manager. For example, it was assumed that a staff member receiving unfair preferential treatment would give their manager a positive rating. The same could be said if a manager was abusing power, it would be safe to assume that if a manager is treating a staff member, in what the staff member perceived to be unfairly then either he or

she would give their manager a negative rating. Antonioni (1999) also states that the feedback given to a manager by a subordinate will be influenced by whether the subordinate likes the manager and how long the subordinate has had to observe the manager.

Also as discussed in the literature, a subordinate is able to manipulate their power base to influence the feedback that they are given by their managers. Braithwaite, Westbrook and Mallock (2008) state that subordinate staff try to manipulate their managers due to their weaker power bases. Braithwaite, Westbrook and Mallock identified in their research that subordinate staff apply pressure to their managers to affect their power base. While Braithwaite, Westbrook and Mallock did not specifically study the impact of this applied pressure on the upward feedback processes, it is assumed that based on this information there would be some affect. This argument was confirmed by Wayne et al. (1997) who identified that staff could affect their feedback in relation to interpersonal skills based on the influence tactics that they adopt. For example, Wayne et al. reported that staff that used positive influence tactics such as reasoning was more likely to receive higher performance ratings.

While above-mentioned research does not specifically identify whether managers, peers and subordinates rate each other in a consistently different way, it does indicate that manipulation can occur which would affect the way in which each group is rated. As stated above, the results from the second study did not indicate this to be the case. This could be influenced by the fact that there were a higher number of managers that participated in the study. It would be



interesting to note whether there would be a change in this result if a higher number of non-managers participated in the study.

The second aspect of this question aimed to identify whether men and women rate men and women in a consistently different way. An example of this is a female rater giving all female ratees a consistently higher score than the same female rater would give male ratees and vice versa. The results indicated that there was no relationship between the gender and the way that ratees were rated. This means that there was no difference in the way men and women rated the other gender. This was a surprising result, because based on previous literature and evidence it was hypothesised that gender would influence the way in which the raters rated the ratees. Upon reflection, this is not surprising given that the majority of staff within a hospital is female. It would be interesting to note whether having a larger group of female staff in the workplace has affected these results. This is discussed further in the following section.

As stated in chapter two, there was disappointingly a lack of literature on this topic. Igbaria and Shayo (1997) conducted a study that aimed to identify whether gender and race affected the ratings, which managers received. The study conducted by Igbaria and Shayo did not directly relate to this research question. Igbaria and Shayo reported that women's gender does not affect the ratings they receive but does affect their performance outcome and career advancement. Igbaria and Shayo (1997) state that women were less likely than men to receive a job promotion based on positive feedback.

The results reported by Igbaria and Shayo (1997) regarding gender not affecting ratings that were given are consistent with the results from the second study of this study. These results may have been skewed based on the fact that more females than males participated in this study. This may be representative of the health workforce given that more females are employed by the health service than males. The fact that gender does not affect the ratings given is a positive result as it indicates that there is no discrimination based on gender.

Although as previously stated this finding might also be influenced by the career choice of people working in health and their inherent beliefs include a personal desire to nurture. Future studies might examine the differences in managers employed without a clinical background and those managers who have previously been trained and worked as clinicians.

Overall, there were no major similarities between the results reported in the prior research and the results from the second study of this research project. This indicates that this body of research has contributed to this area of study and has allowed for a greater understanding of the attributes of an effective manager and different issues, which can affect people's perception of whether a manager is displaying these attributes.

## Recommendations

Based on the results and discussion generated from the second study, the following recommendations are made:

1. Conduct a 'live run' of this staff survey (where staff and their managers can see their aggregate results but not who rated them) in a larger hospital with a view to:
  - a. Assess the effects of positive feedback for existing managers who score well;
  - b. Assess the effects of formative feedback (and perhaps interventions) to support managers who did not score well;
  - c. Identify new management talent and do a preliminary assessment of various 'fast-track' programs depending on their level of skills, experience, and interest.
  - d. Explore how this process may support succession planning within the hospital.
2. Were the 'live run' successful, assess the performance of future managers who were in part selected based these manager attributes.
3. Were the 'live run' successful, consider wider deployment of the survey in other facilities and services.

## Chapter 6: Third Study – Focus Group

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### Introduction

The third study is the final study for the thesis and as identified in the conceptual model above, this chapter aims to identify whether the recommendations from the first and second studies are feasible. In other words, could the recommendations be implemented in the health service without too much difficulty and would the implementation of the recommendations have a positive outcome for the health service. As stated in the previous chapter, the recommendations that emanated from the first and second studies are:

1. Conduct a 'live run' of this staff survey (where staff and their managers can see their aggregate results but not who rated them) in a larger hospital with a view to:
  - a. Assess the effects of positive feedback for existing managers who score well;
  - b. Assess the effects of formative feedback (and perhaps interventions) to support managers who did not score well;
  - c. Identify new management talent and do a preliminary assessment of various 'fast-track' programs depending on their level of skills, experience, and interest.
  - d. Explore how this process may support succession planning within the hospital.
2. Were the 'live run' successful, assess the performance of future managers who were in part selected based on these manager attributes.
3. Were the 'live run' successful, consider wider deployment of the survey in other facilities and services.

Conducting the final stage of this study was important for the outcome of this research as it allowed the researcher to have a greater understanding of the impact of the recommendations on the health service. This third stage of research will also allow the researcher to reconsider the above recommendations based on the feedback that is received from the participants of the focus group and propose new recommendations, if required.

## Methodology

### *Participants*

The main methodological technique that was used for this phase was a focus group. The main inclusion criteria were senior health officials (those likely to face the decision to implement this research) who have at least a decade's experience in the health service (such that they would likely understand the practical implications of implementing such research). The participants of the focus group were the senior executives of SLHD. This included the Chief Executive, Director of Nursing and Midwifery Services, General Manager of Concord Hospital, Acting Executive Director of Royal Prince Alfred Hospital, General Manager of Canterbury Hospital, General Manager of Sydney Dental Hospital, General Manager of Croydon, Marrickville and Redfern Community Health Centres, Director of Medical Services, Director of Projects, Director of Capital Works, Director of Population Health, Director of Allied Health, Director of Planning, Director of Human Resources, Manager of Corporate Services and Manager of Revenue and Customer Service. In total, 16 senior executive staff members attended the focus group. These senior executive staff members were selected to be involved in the focus group as they would be able to provide firsthand knowledge of the barriers and opportunities that are associated with the

implementation of the above mention recommendations. Consent for their responses to be used in this research is included in appendix 12.

## *Materials*

The participants of the focus group were asked what they believed were the opportunities and barriers associated with each of the recommendations. The main material used was a briefing note that outlined the findings of the first study together with the second study as well as the recommendations that were made based on these findings (Please refer to Appendix 13 to review a copy of this briefing note).

## *Procedure*

The researcher was asked by the Chief Executive of SLHD to conduct a focus group with the senior executive members of the Local Health District regarding the barriers and opportunities associated with the recommendations that had been made from the first study and the second study. The Chief Executive gave the researcher permission to use the findings from the case study as part of this doctoral thesis, please refer to appendix 11 to review a copy of this memorandum.

The focus group was scheduled at the end of the regular executive meeting, which are held weekly. The participants of the focus group were sent the focus group briefing note as a part of their weekly agenda. This allowed the participants to have time to review the findings of the research and consider its recommendations. Before the focus group had commenced, the participants were informed that the focus group would be recorded and the participants were asked to sign a consent form indicating that they gave their consent for their voices to be recorded and their comments to be used as a part of this

research. Please refer to appendix 12 to review the signed copies of the consent forms. The data that was collected from the focus group and reported in this thesis is de-identified.

### *Thematic Analysis*

At the conclusion of the focus group, a transcript was generated from the recording of the focus group. The overarching question of the focus group was identifying the opportunities and barriers that are associated with the implementation of the recommendations from the first and second studies . Based on this question, the transcript underwent thematic analysis, in which nodes and themes were identified.

Thematic analysis allows the researcher to interpret the meanings of the words and phrases and to create groups based on these meanings. The creation of groups based on the interpretation of the meaning refers to the identification of themes and issues from the transcript of the focus group. The themes are large overarching issues in which smaller issues can be categorised. Once the commonly occurring nodes and themes were identified, the list of nodes and the list of themes were sent to an independent rater to conduct the inter-rater reliability test.

There are several benefits to thematic analysis. The use of thematic analysis allows the researcher to take into account the context in which statements were made. Other analytical methods do not allow researchers to do this when analysing data. Thematic analysis allows the researcher to look deeper than the words and to look at the phrases, sentences, paragraphs or the whole text. This allows the researcher to get a sense of what the research participant is trying to convey. Thematic analysis also allows the researcher to identify when the research participant is speaking off topic and therefore may not be relevant to the research question.

One of the major potential issues with the use of thematic analysis is ensuring that the nodes that are identified are in context. For example, when identifying a node, it is recommended that more than one word be identified as that can easily be taken out of context. It would be ideal if a phrase was identified as the node. Another issue of thematic analysis is ensuring that the themes do not overlap. A node should only be able to correlate to one theme and should not several themes.

## Results

In total there were four themes identified:

- Concerns in relation to rating other staff and the use of the tool
- Suggested changes to the tool and process to overcome identified issues
- Potential uses of the tool and positive outcomes
- Issues that could affect the use of the tool

The four themes identified all related to the overarching question of opportunities and barriers associated with the recommendations from the first and second studies. As can be seen, all four themes are mutually exclusive. The independent rater raised some concern that the first and fourth theme overlapped. This is not the case as the fourth theme relates to 'outside' issues that could affect the implementation of the recommendations and the use of the feedback tool. Thirty-four nodes were identified as belonging to the four themes. Once the themes and nodes have been identified an inter reliability test needs to be conducted. An inter reliability test is where the independent rater reviews the nodes and themes separately and then allocates the nodes to the themes. The allocation of the nodes to the themes by the independent rater is then compared with the allocation of the nodes to the themes



of the researcher and a percentage of how similar the two are is worked out. For the thematic analysis to be deemed reliable, a score of 80% must be achieved. An inter-rater reliability test was conducted which compared the way the researcher categorised the nodes into emergent themes, and the way a blind-rater categorised the same nodes into the same themes (yet blind in the way the researcher had categorised). The result was an 88.2% overlap in the categorisation of nodes into the identified themes. Below is a table that summarises the thematic analysis. A full list of nodes for each theme can be found in appendix 14.

**Table 7: Summary of Thematic Analysis**

Theme	Number of Nodes	Percentage of the Number of Nodes Compared the Total	Node Examples
Concerns in relation to rating other staff and the use of the tool	12	35.3%	<ul style="list-style-type: none"> <li>• We don't want to have a system that sets it up to have in a way, bullying and harassment by the use of this tool</li> <li>• What's the HR processes you would need to go through, for this survey and implications and how does it link into a form of objective assessing and performance of you.</li> </ul>
Suggested changes to the tool and processes to overcome identified issues	8	23.5%	<ul style="list-style-type: none"> <li>• Make it a positive thing, so that instead you could say, these are ten attributes that have been found to be predictive of effective managers, can you name anyone within your organisation who has those characteristics</li> </ul>
Potential uses of the tool and positive outcomes	9	26.5%	<ul style="list-style-type: none"> <li>• It might be a good recruitment tool. All the</li> </ul>

			things like MBA selections, scholarships, lectures, those internal things that we do
Issues that could affect the use of the tool	6	17.6%	<ul style="list-style-type: none"> <li>it's not actually the personal skills it's actually the environmental conditions within which those people are operating</li> </ul>

The theme 'concerns in relation to rating other staff and use of the tool' had the highest number of nodes. In total, there were 12 nodes that belonged to this theme. Of the 12 nodes, eight nodes related to the concern of staff receiving negative or biased ratings and identification of those who would be rated. Two nodes were in relation to the constructs that surround the rating of staff and issues of recency. The last two nodes that belong to this theme are concerns raised regarding the human resources implications of this processes and ensuring that a feedback system, which requires staff to be rated, does not allow for bullying and harassment.

The theme that had the second highest number of nodes, with nine nodes, was 'potential uses of the tool and positive outcomes'. Of the nine nodes, five nodes related directly to the use of this tool in recruitment and selection of staff, in particular managers, as well as the selection of staff into internal scholarship programs such as the Masters of Business Administration which is offered by SLHD on a scholarship basis to staff who have indicated a desire to hold a management role either now or in the future. Three nodes related to the feedback tool being used to identify potential managerial talent in staff that are already employed in the health service. The final node that belongs to this theme was the use of feedback as a part of the annual performance review of staff and managers.

The theme 'suggested changes to the tool and process to overcome identified issues' had eight nodes, which is the third largest number of nodes. Five of the nine nodes relate to putting criteria and a process

around the rating of staff, for example establishing criteria in which staff can rate other staff. The last three nodes involved a change in processes, such as making the processes voluntary or asking managers to identify staff who they believe display the 10 attributes of an effective manager.

The final theme was 'issues that could affect the use of tool'. As stated previously, this theme differed to the first theme as the nodes related to 'outside' influences that could affect the use of the rating tool. In total, this theme had six nodes, which is the least number of nodes to a theme. Four of the six nodes involved organisational culture and the effect that this could have on the use of the feedback tool. For example, one of the nodes is a statement about how the feedback that a staff member is given could be affected by the environmental conditions in which they work or how the feedback tool could be reversed or engineered so staff member could be made to look like they are displaying the attributes of an effective manager when they are not. The last two nodes that belong to this theme relate to the learning of skill or in the case of this research, the learning of the 10 effective manager attributes. One node states that 'soft skills', such as these 10 attributes cannot be learned whereas the other nodes states that some 'soft skills' can be learned. This will be discussed in greater detail in the discussion section.

## Discussion

### *Concerns in Relation to Rating Other Staff and Use of the Tool*

As stated in the results section above, the theme of 'concerns in relation to rating other staff and use of the tool' had the highest number of nodes. This is not surprising to the researcher as informal feedback received when implementing the second study at Canterbury Hospital indicated that this may be a concern. The fact that this is one of the major themes identified indicates that there are a number of

concerns regarding conducting a 'live run' of the staff survey. Based on the thematic analysis, the general concern raised was in relation to the use of a scoring system to rate another staff member's performance in relation to the 10 identified effective manager attributes.

Much of the concern raised related to the ratings being negatively biased towards the staff member being rated and that if used incorrectly, the feedback process could be "open slather" for an unpopular manager. There was also a suggestion that using a feedback tool, like the one used in the second study, could be used as a tool for bullying and harassment. It was also stated that in other processes like this that are already used in the health service, negative comments are removed as it has been found to be too disheartening for the managers that have received feedback. Concerns regarding the bias, while valid, will be overcome as the data analysing processes allows for the correction of both negative and positive bias in the scores. In relation to the concerns raised regarding negative comments, the feedback tool did not allow for comments to be left. The feedback tool only allowed the rater to leaving a rating from one to five.

It is important to allow for negative ratings, as the negative ratings would allow for an accurate reflection of the person being rated and if they display the attributes of an effective manager. Also in relation to the comments that referred to negative ratings / comments being removed, this raises questions in regards to the development of a manager. It is reasonable to assume that no manager is perfect; therefore, there would be aspects of everyone's performance that may attract negative feedback / ratings. This then raises the question of whether removing the negative ratings and feedback is doing a disservice to the manager, as this does not give them an opportunity to work on identified areas of weakness. While the concerns that have been raised in relation to negative feedback and bias are valid, the participants of the focus group are assuming that every negative rating would be an act of

malice and not just an honest reflection of that person's performance in relation to the 10 effective manager attributes.

As discussed in the second study, the analysis of the results was not conducted until both positive and negative bias had been removed from the feedback. The bias was removed by correcting the individual scores given on each characteristic by an amount (positive or negative) that would make the average score for that characteristic for that rater equal three. This corrected amount was different for every characteristic and every rater. Correcting for rater bias was a simple process and one that could be easily implemented if this process were to be implemented and tested at a larger hospital.

Another concern raised around the feedback process was in relation to the constructs of the research conducted in the second study and in particular the validity of one person's opinion of another. While this may be a valid comment, what has been overlooked is that this process involves the opinion of many. A conclusive decision could not be made on whether a staff member displayed the attributes of an effective manager if they have only been rated by one person. This comment raises the argument of group intelligence and the ability of group to have a collective thought. As discussed in a previous chapter, the theory of group intelligence allows groups have a collective opinion on different matters (Surowiecki, 2004). An example of this is the identification of a staff member that displays the attributes of an effective manager. If a large number of people rate a staff member well against the attributes of an effective manager, then it would be safe to assume that the staff member display these attributes. The validity of one person's opinion would be validated by how many people rated that person and if there ratings are generally similar.

The most relevant concern raised in relation to the feedback process and tool was the question of the human resource processes that would need to surround the use of the feedback tool. This has identified an opportunity for further research as the implementation of the feedback process would need further revision to identify the impact on human resources. By strengthening the human resources aspect of this research before it is implemented in a larger facility will assist in solving some other identified concerns, such as using the tool for bullying and harassment. This concern will help shape the development of the recommendations as this is a major consideration. Some of the human resource process that could become a part of this process will be discussed further in other themes.

### *Suggested Changes to the Tool and Process to overcome the Identified Issues*

The majority of the nodes that were identified as belonging to this theme were found to be positive. Many of the participants of the focus group made suggestions of changes that could be made to the feedback tool and processes that may resolve some of the concerns and issues that were raised in the first theme. Suggestions were made about making the process voluntary, meaning the researcher would ask staff to come forward and nominate themselves to be rated against the effective manager attributes. While this suggestion has some merit it would take away from one of the fundamental reasons of this research, which is to identify potential management talent. By asking people to volunteer, it is unlikely that those staff that are not in prominent positions would nominate themselves to be rated. In addition, there may be a general fear surrounding the processes that would limit the number of people who decide to volunteer for rating. To put it frankly, to make this process voluntary would make the outcome of the process lack substance as it would only identify how the staff who volunteered rated against the effective manager attributes giving the study a bias.

Another suggested change to the feedback process was to ask managers within the health service to identify staff who they believe display the attributes of an effective manager. While this change may be a good 'work around' procedure and may limit some of the concerns raised in the previous theme it also has a number of associated problems. Much like the issues discussed with the implementation of a voluntary process, this system may overlook staff that are not in prominent positions that may come into contact with a manager regularly. This is especially true in large health facilities in which there is a large number of staff. A hospital General Manager or other senior manager is likely to identify a staff member with whom they have a close relationship, meaning those staff that display the attributes but are in lower, front line positions, such as a Cleaner or a Nurse or those not known to the selector may be overlooked. If this process was to be implemented, the researcher would have to ensure that every manager, down to the most junior levels of management, such as an 'in-charge' nurse or the 'leading hand' for the cleaners department, was asked whether they could identify staff members that displayed these attributes.

Another weakness associated with both the voluntary process and asking managers to identify staff who display the attributes of an effective manager is that it fails to identify ineffective managers. One of the potential uses for the implementation of this process is the ability to identify managers that may be deemed as ineffective because they do not display these attributes. This is one of the major strengths associated with this feedback process, as it not only allows for the identification of who is performing, but also, which manager is not. This then raises the question of what would be the steps that have to be taken after the identification of a manager that does not display the attributes of an effective manager. This will be discussed in greater detail in the following theme.

Adding criteria around the rating of staff was also suggested as a change to the process. This is a valid suggestion and may help elevate some of the human resources issues that were identified in the first theme. Some of the participants believed that the implementation of criteria would ensure that there is consistency, which may assist in decreasing bias. It was suggested that a criteria may be recency, meaning the time in which the rater had been in contact with the ratee. If it was agreed that a criteria around the rating process was to be added, the effectiveness could be tested by comparing the need to correct for rating bias in the second study of this thesis and the next, larger phase of the study. One issue surrounding the use of appropriate criteria is how they would be monitored and controlled. As the surveys are anonymous there would no way to identify whether raters have abided by the criteria. Therefore, there would be no way to remove ratings that did not meet the rating criteria and it would be a flawed process. This finding would need greater consideration before it is implemented based on the limitation that has been identified.

Another result from the focus group was in relation to a change in process is validating the tool. It was suggested that the tool could be validated by identifying a manager that is performing, in the sense that they are meeting their key performance indicators, and see if their ratings indicate that they display the attributes of an effective health service manager. It is agreed that this method would validate the process. However, it would be recommended that other areas of performance are also reviewed. This would include patient outcomes, staff retention and staff recruitment. This argument is based on literature from VanOyen Force (2005) which states that within the health care sector, there is a relationship between managers that display the attributes of an effective manager and better patient outcomes as well as increased staff retention and recruitment.



It was also suggested that another change to the process could be dividing the staff that provide ratings. For example, the ratee's manager and superior staff in one group, colleagues in another group and subordinate staff in the other group. This would make this process very similar to 360-degree feedback process and the researcher is unsure the value that this would add to the overall research project. In addition, dividing and grouping the raters based on their station would not be applicable to all staff. Once again, the example of the front line Nurse or Cleaner is called upon. They do not have subordinate staff, therefore, would be missing a rater group. While it is understood where this suggestion came from, it is not known whether it is something that would be implemented in the recommendations made about future research.

The result of the thematic analysis has identified some potential changes that could be made to the recommendations. However, as discussed previously, there are some weaknesses that have been identified with some of the suggestions. However, the suggestions that were made by the participants as potential changes to the process will allow the researcher to give greater consideration of the recommendations and the way in which the feedback tool is used and the process is implemented based on these suggestions.

### *Potential Uses for the Tool and Positive Outcomes*

The major potential use of the feedback tool that was identified by the participants of the focus group was for recruitment purposes. In particular, it was stated that managers within the health service should be attempting to attract staff that display these attributes and that it should not be limited only to managers and management positions. There is some value to the notion that all staff employed by the health service should display these attributes. However, it may be a little unrealistic, especially since it was found in the second study that only a small percentage of staff displayed some of these attributes.

Using a feedback tool, like the one developed for the second study for the recruitment of all staff may seriously limit the number of suitable candidates for a vacant position. Not only that, none of the literature reviewed indicated that there was a need to ensure that all staff within the health service displayed attributes of an effective manager and whether there would be any benefit to the health service. This is not to suggest that health service managers should totally overlook these attributes when recruiting staff but care should be taken as to not limit recruitment of staff, especially to front line positions.

In relation to recruitment, the participants stated that it could be used as a tool to recruit new managers within the health service. More specifically, the feedback tool could be used for the identification of future Graduate Health Service Management Trainees, which both SLHD and SWSLHD recruit annually. It was rewarding to have this feedback from the focus group, as this was one of the main justifications for undertaking this study. This was because the evidence suggests that departments or organisations that are led by managers that display the attributes of an effective manager have better outcomes and in relation to the health service, departments or services that are lead by an effective health service manager have better patient outcomes (VanOyen Force, 2005). By conducting this research it was thought that if a tool was developed, tested and found to be useful that the health service would be able to identify new managers that displayed these attributes.

On greater consideration of using the feedback tool to recruit new managers to the health service, areas for improvement have been identified. The main question in relation to this use is how could it actually be implemented in the health service, especially if the applicant applying for the management position is from another Local Health District or from outside of the health service. One way in which an applicant could be judged against the 10 identified attributes of an effective manager is to include

questions about these attributes as a part of the reference checking process. This of course may not always be a reliable method as some people giving references are not always truthful of the applicants past performance.

The participants of the focus group also stated that the feedback tool could be used to identify staff suitable to be selected for internal scholarships, such as the entry into the Masters of Business Administration, which is offered through both SLHD and SWSLHD or other educational programs. This was also positive feedback as this was another justification supporting the conduct of this research. As previously stated, entry into programs such as the Masters of Business Administration is limited and is a significant cost to the health service and currently there is no way to identify whether the staff that are selected are likely to complete the program. The use of a feedback tool, like the one developed for the second study would ensure that staff that are selected to participate, have the potential to fill and excel in management positions. Like the other uses that have been identified above, there are some limitations to the use of the tool for this purpose. For recruitment, it may be best that instead of using the feedback tool in the same way as it was used in the second study, that some type of reference process is put in place and the applicant is judged based on past performance against the 10 identified attributes.

A further use that was identified by the participants of the focus group was using the feedback tool as way to identify potential management talent already employed within the health service. This was very positive feedback from the focus group as this was one of the major justifications of the research. When developing the research proposal, it was initially believed that by testing the use of the managerial feedback tool and by allowing anyone to be rated, not just managers, that it would identify staff who display these effective manager attributes who are not already in managerial positions. This was further

supported by the results of the second study, which indicated that there was no relationship between staff displaying these attributes and being in a position of management. However, as identified in the previous theme, a greater amount of work needs to be done on the human resource implications of this process and identifying ways that this process could be implemented in a health service that was safe and free from bullying and harassment. This is something that would have to be taken into consideration in future recommendations based on this research.

Similar to the use identified above, it was also found by the focus group that the feedback tool could be used as a part of the performance review process. This feedback was in line with the original justification of the research as it was thought that if this use of the feedback tool was found to be successful that it could be used as a part of the performance review process. Though, based on the concerns raised by the participants of the focus group, it is thought that to implement this feedback tool as a part of the performance review process, there would need to be strong human resource structures around it. Things that would need to be considered before implementation include, who would be able to rate the person undergoing the performance review, how would the performance be monitored against the identified attributes and how would a manager be managed if they were found not to be performing against these attributes but were performing well more generally. Using the feedback tool as a part of the performance review process would need greater consideration and greater input from Human Resource Managers within the health service.

The discussion of the uses of the feedback tool in the focus group allowed for a greater understanding of the uses and some of the issues that surround them. It has also validated some of the justifications for research that was initially discussed in the beginning of this thesis. The discussion around the uses of the feedback tool have indicated to the researcher that while it is possible to use a feedback tool like the

one used in this thesis, a greater amount of thought is needed to solve some of the issues that may limit the use. This will be reflected in the recommendations made at the conclusion of this chapter.

### *Issues that could affect the use of the Tool*

This was an interesting theme as it looked at issues that could affect the use of the tool. One of the most interesting discussions that was associated with this theme was in relation to 'soft skills', such as the 10 identified attributes of an effective manager and whether they could be taught or not. This is interesting as that hypothesis is the basis of this thesis. The researcher has argued that the attributes that were identified in the first study and once again confirmed in the second study are innate and therefore cannot be taught. Some of the participants agreed with this line of thought. However, there was conflicting argument and some participants believed that 'soft skills' such as being encouraging, could be taught.

There are also conflicting arguments in the literature, with some studies indicating that effective manager attributes or 'soft skills' can be taught and some believing that they cannot. This then raises the question in regards to this research and the final recommendations that are made. If 'soft skills' can be taught to managers, then this would allow training programs to be developed to train and coach managers in these skills. If 'soft skills' cannot be taught, then the feedback tool could be used in the ways discussed above. There is no conclusive evidence that favour either side of the argument. It is still the belief of the researcher that 'soft skills' such as the attributes identified in the first study are innate and that while training may assist with developing awareness about the importance of the attributes, it is not believed that training would assist in instilling these attributes in people. What has been concluded based on this discussion in the focus group is that further study needs to take place in this

area before conclusive recommendations can be made in relation to developing skills in these attributes. If it is found that these 'soft skills' can't be taught, this then provides a greater argument for this research especially using the tool as a way to identify potential management talent already employed in the health service.

The participants of the focus group also raised concern around issues outside of the use of the feedback tool, which could affect the use of the tool. In particular, issues around environmental conditions and organisational culture, for example, some departments within the health service may not agree with the identified attributes. Based on the research outcomes from the first and second studies, the researcher does not believe that these issues would have a vast effect on the use of the feedback tool within the health service. The impact of this on the use of the feedback tool could be discussed in further phases of this research. If it is agreed that this process should be implemented at a large facility, this will allow there to be a comparison of different departments within the one facility to see if any differences are noted.

## Conclusion and Revised Recommendations

The completion of the focus group allowed the researcher to have greater understanding around the recommendations that came from the second study, uses of the feedback tool and processes that would need to be implemented to ensure that the process is safe for the staff as well as being effective. By conducting the focus group it was found that some of the recommendations were at first thought naïve and that there needs to be greater amount of thought into the human resource implications that are involved. Based on the discussions above, the following recommendations are made:

1. Before conducting a 'live run' of this staff survey, work with the Human Resource Managers within the health service to identify the human resource implications involved and develop processes so these can be controlled.
2. Conduct research in the area surrounding attributes or 'soft skills' to try and ascertain whether they are innate or can be created or enhanced.
3. Conduct a 'live run' of this staff survey (where staff and their managers can see their aggregate results but not who rated them) in a larger hospital with a view to:
  - a. Assessing the effects of positive feedback for existing managers who score well;
  - b. Assessing the effects of formative feedback (and perhaps interventions) to support managers who did not score well;
  - c. Identifying new management talent and do a preliminary assessment of various 'fast-track' programs depending on their level of skills, experience, and interest.
  - d. Exploring how this process may support succession planning within the hospital.
  - e. Assessing, as a part of the 'live run', whether there are any major differences between departments within the health service and ascertain whether they could be attributed to poor organisational culture or disagreement with the identified attributes.
4. Were the 'live run' to be successful, assess the performance of future managers who were in part selected based these identified attributes (positive or negative).
5. Were the 'live run' successful, consider wider deployment of the survey in other facilities and services.

6. Were the 'live run' successful, conduct validation of the feedback tool by choosing a senior health service manager who is performing well in relation to their key performance indicators and assess them against the attributes identified as being associated with an effective health service manager.



## Chapter 7: Implications

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Before the both the practical and research implications of this research can be fairly interpreted, the limitations of the research will be further examined especially in relation to the impact on interpretation and potential utilisation.

### Limitations

#### *Structural Analysis*

One issue that could not be resolved in the first study involved classical approaches to test construction. The first study began with an extensive list of descriptors, which were individually related to the manager's perceived effectiveness (the dependent variable). Even a cursory examination of the list of descriptors would indicate that some descriptors may be, and probably were correlated. Whether this inter-correlation constitutes interpretable structure or not is an issue left untested. From a classic test theory approach, one would have structurally analyzed the descriptors in the hope of reducing the unwieldy set of descriptors to a smaller set of principal components or factors. The idea being that principal component that can be related to manager effectiveness is more likely to be replicable than relating individual descriptors. This may be true, but it too was left untested either in terms of demonstrating the superiority of the classical test approach, or in independently replicating the individual descriptors highlighted in this research. The reason this classical approach could not be pursued was that the need to have something in the order of five times more participants than descriptors in order to undertake reliable structural analysis was nowhere near satisfied. This conventional approach was simply not open, though this does not mean the results presented here are unreplicable, merely that this has not been tested.

### *The effect of 'correcting' for bias*

A key step in the analytic process in the second study involved correcting for rater bias. This correction procedure involved averaging the ratings each rater gave across everyone they rated. Where these averages (one for each descriptor in the scale) were above or below three (the mid-point on the scale) they were 'corrected by an amount that would render the 'corrected average' to be three. To quickly summarise the logic of this, the mid-point on the scale (if one interpreted it correctly) reflects the 'average' person. While individual ratings may legitimately be above or below average, sure across a number of ratings, the average rating should approach three. So average scores given that were above or below three were seen as either a misinterpretation of the scale and/or a positive or negative bias in the rater. Indeed this logic appears to be supported by both the evidence presented, but a closer examination is warranted.

There are two legitimate reasons that the average score given may be above or below three. The first is that the people being rated as a group were genuinely above or below average, so this departure from the norm may be an accurate reflection of reality rather than bias. The second reason is that in some cases, a rater may rate three or less other people. Of course, the average of one instance is not an average at all. An average of only two or three instances is not much better. The less people the rater rates, the less central limits theorem applies, and the less likely the so-called average score is likely to depart from three. In both these instances, to 'correct' for one bias in the way that was done is actually to introduce another error into the measurement. While it is difficult to quantify how much error may have been introduced, it was clearly less than the error that was removed. Therefore, the process of correcting for bias lessened one error only to introduce another somewhat smaller error. This is still a worthwhile process, but certainly not a 'magic bullet' to eliminate all data error. Bias is unlikely given

the adherence to the 'correcting' process, but this should not be interpreted as error free, only error as low as one could reasonably get it.

### *Limitations of the Lexical Hypothesis*

The Lexical Hypothesis was applied in the first study. The researcher applied the Lexical Hypothesis in hope that the language employees use to describe their managers will reflect the core qualities that staff see in effective managers. Despite a careful process to derive a list of descriptors, there were limitations associated with the list of descriptors that was used in the first study, which then in turn affected the descriptors that were used in the second study. Six hundred and thirty two descriptors were provided to the participants of the first study, and again, the participants were required to rate their manager against these attributes. The limitation associated with the list of descriptors is whether enough descriptors were provided to the participants. Participants could only rate those descriptors they were given, and as a list on individual terms is unavoidably limited, so too may be the results. Studies that were reviewed which employed the Lexical Hypothesis had indicated that generally a larger number of descriptors are used, even citing that in some cases 18,000 descriptors had been used (Goldberg, 1990). However, using a larger number of descriptors in this study would not have been feasible and would have seen an even larger dropout rate of the first study participants. The counter argument to this is that we tend to use a minority of our vocabulary most of the time, and a majority of our vocabulary the rest of the time. By expressly choosing to include only commonly used adjectives, this research stood a good chance of capturing the important descriptors. Nevertheless, and given the fact that the results generated from the first study were confirmed by the results of the second study, the basic logic of this limitation still stands albeit unresolvable or unquantifiable.

### *Limitations of the Concept of 'Effectiveness'*

All three phases of the research carried the overarching title “The Character of Great Managers”. The concept of “effective” was defined in the second study, but the link between this item and effective managers was established in the first phase. Participants in the first phase of research were asked to “rate the degree to which each word describes [their] current immediate manager/supervisor (whatever their title)”. This was further clarified by instructing them “no matter what your immediate manager's title might be (manager, team-leader, supervisor, director, coordinator, etc.)...”.

Therefore, the concept of effectiveness as a manager/supervisor (regardless of title) as well as those characteristics associated effectiveness was established in the first study of research. It was only in the second study (conducted at Canterbury Hospital) that this item was applied to both managers (again no matter what their title) and non-managers. The logic being that once the validity of the criterion concept was established with managers/supervisors, then it could be applied to non-managers to identify individuals who, while not managers, displayed the sorts of characteristics associated with effective managers/supervisors.

It is still nonetheless true that individuals may interpret “effectiveness” as a manger/supervisor (or the potential thereof) in many different ways. This of course is precisely why considerable effort was put into securing as broadly representative samples as possible in the first study, and the characteristics associated with effectiveness (they too open to interpretation). The regression analysis conducted in first study established that there was variability in rating these

concepts (presumably due to both variation in interpretation, and genuine variation in the characteristics of the individuals being rated). This same analysis also established that there was considerable commonality in the concept of effectiveness and those attributes most highly associated with it. Aside from this, no process of management (things like communication, teamwork, collaboration, consultation, delegation, etc.) was presumed to be automatically associated with how effective the manager may be.

### *Generalisability of the Second Study*

Perhaps the biggest limitation of the second study was the issues of generalisability due to the small response rate to the survey. As discussed above only a small number of Canterbury Hospital staff responded to the second study survey, which resulted in a relatively small sample size. This raised issues of whether the generalisability of the results was affected by the small sample size of the greater hospital workforce. The issue of generalisability was addressed by reviewing another comparable data set from a study conducted with the employees of Queensland Health, which was discussed in detail in the results section. In summary, the review of this data set found that generalisability was not overly affected with at the response rates recorded in this research as long as an appropriate adjustment to interpretation was made reflecting the somewhat larger standard error of the mean. The generalisability of the results from this study will be further tested if phase three is approved, as phase three could be conducted in larger facility where with processes in place to encourage a higher response rate. Hospital administration is even considering directing phase three as an operational directive; meaning that staff would be require (not ultimately compelled) to take part. Phase three may then be more of an archival process of examining the data the organisation gathered of its own accord. Thus, the results generated

in phase three would resolve the issue of how generalisable the resulting in this (phase one and two) research really was.

## Implications for Future Research

The research that has been presented in this thesis has repeatedly been characterised as multi-phase. The first study (chapter four), the second study (chapter five) and the third study, which is a follow up focus group (chapter six), have been referred to as phases one and two, with so called 'phase three' repeatedly referred to. In fact, phase three is not so much one sequential study as a collection of logical research objectives that flow from the research presented here, this may be conducted as an individual research phase. This section will describe this collection of research objectives and what may be required to pursue them if NSW Health or other health services want to pursue them.

While the research findings contained in this thesis has answered a series of related research questions (please refer to the conceptual in a previous chapter), the answers (and in some cases partial answers) raise even more questions.

These possible areas for further research are presented in no particular order:

- a) Most obviously, while the stated limitations associated with the inability to undertake structural analysis, overcome the unavoidable issues with the lexical approach, or completely eliminate error no matter how much bias may be removed, future research could ascertain just how representative (generalisable) these findings are if their sample size represented a markedly larger proportion of staff at least one larger hospital. An example of this was given in the results section of the second study. Due to the small sample size of the second study, the data set was

compared to that of one from Queensland Health. While there was little difference between the standard error of the mean, it also indicated that a larger sample size could be acquired if it was to be given as an operational directive. Were this to be conducted on a voluntary basis as this research was conducted, there would be no reason to suppose that the response rate would be any much better than the second study of this research. On this basis, establishing generalisability will probably always remain an unrealistic objective. However, SLHD is considering conducting the same survey as is presented in the second study here, not as a research project, but as an operational activity to better inform them about management talent and performance. In such a case, the conduct of the survey would be independent of any formal research project, and the employer is quite within their rights to direct staff to take part. While not every employee would take part in such a case (perhaps due to leave or more pressing operational matters, the response rate would likely be above 80%, while a typical target representative sample in organisational research is above 30%. This would mean the response rate would be very high and certainly enough to address generalisability. Access to the health service's data would then be an archival request. It is on this basis that the remaining future research suggestions could also be addressed.

- b) A larger sample would also allow closer examination of the bias that was discarded in this research. Again, where the average score given to other was above or below three (representing the average person), then this was seen as positive or negative bias respectively. The degree to which this assumption is true (clearly there are individuals who tend to be overly positive or negative of others for whatever reason), or a genuine variation (good or bad) in the quality of the group of individuals being rated could be examined to some degree. If interpretable variations in the bias exist, these may shed light on whether it is bias, and where it is bias, what

sense to we make of its origin? Specifically, the question of whether there are departmental, occupational (professional), gender, or cultural (in the various ways this may be defined) variations in the relative positivity or negativity in the average ratings given? Indeed, and other easily identified demographic variable could also be examined. The current research could not (by limit of sample size) examine power relationship variations in bias (e.g. ratings of superior-subordinate, peer-to-peer, etc.). Answers to these questions (though broadly stated) would help elucidate the nature of any systematic bias identified. So other than the methodological imperative to obtain a much larger sample, addressing this question is largely analytic. This needs to be addressed as it was found that issues of gender, race and occupation can negatively or positively affect the ratings that were given (Igbaria & Shayo, 1997). There needs to be an understanding if issues such as these affect s study within the health service.

- c) Another question that would rely on a larger sample is the importance of outliers. Outliers (depending on how this is defined, or where the line is drawn) are individuals who receive exceptional (good or bad) average scores. Normally outliers are removed as a parametric anomaly or diluted in the aggregation of results presented. Rather than ignoring or diluting outliers, there may be some value in recognising that outliers legitimately exist and that their relative population (again, positive or negative) in departmental, occupational (professional), gender, or cultural groups may be meaningful. The hope is that the examination of outliers may be instructive in the relative fertility or poverty of management talent in identifiable demographic groups. This has been supported by Osborne and Overbay (2004). Generally speaking, outliers are usually due to an error in the data or variability of the data set (Osborne & Overbay, 2004). However, in some cases, outliers can occur in the data and hold the potential for further investigation as it may indicate that there are some differences in the results that



were feedback (Osborne & Overbay, 2004). Osborne and Overbay (2004) suggest that if it is believed that the outlier has occurred naturally and is not an error with the data that they should be included in the results, even though they may skew the data set. This may lead to further investigation as to why the outlier has occurred and the identification of the differences between the 'normal' results and the outlier (Osborne & Overbay, 2004). In relation to future research in this area and based on the argument above, it is suggested that outliers remain and investigated further so the differences can be identified and addressed.

- d) The remaining future research advances do not rely so much on the large sampling necessary for the previous questions. While it is an oversimplification to the scales used in this research, it would be conceptually possible to divide those being rated into those that have some form of management responsibility and those that do not. Each group could be further divided into those that score well on the measures being proposed here, and those who do not. These four groups could be treated differently. Those that have poor scores on those attributes associated with effective managers but who are not managers at any level need not be bothered about the results of the survey. They may not have scored well, but it hardly matters if they have no supervisory or management responsibilities. The group that scored well in the survey and do have management responsibilities could be given the positive feedback and affirmed in their performance. Those that score relatively poorly and have some level of management responsibility could be offered formative feedback and encouraged to improve (more on this in the following point). Finally, the group that scored well but are not managers in any sense could be seen as underutilised management talent. Yet what does the hospital do with new underutilised talent? The easy answer is to fast track them into management positions, but this assumes they have the experience and technical skills they need to do the job. It also assumes

that supplanting incumbent (presumably poorly performing) managers will not be a problem (which it of course can be). So the question remains, what is the best way to develop this talent pool? While this is a practical problem, it is a good problem for a hospital to have. It may be that the hospital's succession planning processes would come into play. It may be that the group is further divided based on their occupation, experience and/or technical/clinical skills and formatively treated in a somewhat different way in each case. The respective approaches to this problem and the degree of success of each would be a matter of following up on a hospital that strategically chose to take this path.

- e) The proportions of each of the four groups mentioned above within the hospital is also a matter of interest, both for the potential for good management, and the degree to which these proportions may be generalisable with the health service. In some ways, the group of managers that scored poorly poses the biggest problem. Is there feedback formative or summative? Should their results be corroborated with other existing key performance indicators that they are responsible for. If a formative approach is taken, what should that be? Underlying all this is the fundamental question of whether managers can significantly improve the ratings others give them? If the attributes identified in this research are indeed a stable part of their character, then perhaps the answer is that they are unlikely to change very much. In any case, this would need to be tested subsequent to some appropriate intervention. Feeding back the results generated from processes like this has been addressed in the previous literature. It was found that managers that took part in 360-degree feedback processes, and who had their results feedback to them, did in some cases improve their performance when the process was carried out two years later (Hazucha, Hezlett and Schneider, 1993). However, it is important to note, that in this research, there was a high number of dropouts for the second study two years later (Hazucha,

Hezlett and Schneider, 1993). This could have possibly skewed the results, as it is assumed that the poor performing managers may have dropped out and therefore, this may have shown that there wasn't an improvement in their performance. Based on the limited literature in this area, this has identified a need for greater study for a better understanding of this issue.

- f) A related research opportunity concerns the use of this information by one's supervisor. How do they, or should they use these ratings? How often should these ratings be acquired? Where do they draw the line about acceptable standards? Put more simply, do workplace supervisors at whatever level they may be find results such as these helpful in both identifying and development new talent, and evaluating existing managers? There are both quantitative and qualitative aspects to this question. It also implies a longitudinal design that would allow enough time for any impact of such activities to unfold. Some of this issue has been addressed in previous literature. As discussed above, Hazucha, Hezlett and Schneider (1993) conducted a study using 360-degree feedback over a two-year period. The results that were generated from the initial 360-degree feedback process was fed back to the participants (Hazucha, Hezlett and Schneider, 1993). The process was then carried out again two years later. Hazucha, Hezlett and Schneider (1993) found that over this time, there was a noticeable improvement in the participant's performance and surprisingly, there was also an improvement in the performance of the examiners. This study shows that longitude studies can be carried out in large organisations to identify whether there has been an improvement in performance. However, what the literature has yet to address is whether using a process like this allows for the identification new management talent. The majority of the literature that was reviewed only looked at those who were already in management positions. Most failed to look at process that identified potential management talent. This is one of the major strengths of this research as it

sought to identify a process that would allow for the identification of unrecognised management talent within the organisation.

- g) A wider aspect of the previous point is the longitudinal effect from the whole organisation over time. How much change is possible? Do managers as a group score progressively better over time both as a result of formative activities and deliberately selecting those individual who display these attributes? The corollary of this is that there should also be a proportionate decrease in the number of managers scoring poorly. As a matter of criterion or predictive validity, can these improvements in the general culture of management be linked to improvements in key performance indicators of the hospital? In other words, is there a tangible medium and long-term benefit for focusing on character attributes of managers rather than just technical or clinical competencies? This has been addressed in some of the literature discussed in previous chapters. It was found that by implementing the 360-degree feedback process in some organisations allowed for a 'development' culture within the organisation (Rogers, Rogers and Metlay 2002). While the process that was used in the main study was slightly different to a 360-degree process, it had some similarities. This then raises that question of whether establishing the feedback process, like the one used in the main study, would see an improvement in the overall performance of the hospital / Local Health District. Based on the literature previously addressed, it is safe to assume so. This is because it has been found that not only do process like the one used in the main study help change the culture of the organisation to one that looks to further develop itself (Rogers, Rogers and Metlay 2002). But also having managers that are deemed as effective have been found to positively impact the organisation by increasing staff recruitment and retention as well as improving patient outcomes (Van Oyen Force, 2005).

- h) Finally, if either individual or organisational benefits are noted, at what price do they come? Is there positive cost-benefit case to be made? The answer to this will largely depend of how resource intensive the use and interventions associated with this type of work are, but too little resourcing may also limit the potential for a positive effect. The answer to this question more so than any other suggested research question may encourage or impede adoption of such a survey and implementation process in other hospitals at least around Australia. When funds are tight, and the decision to adopt any project must make both financial and formative sense.

The first three areas of further research are around generalisability; departmental, occupational, gender, or cultural variations; or the analysis of outliers. All three areas rely on a very large sample, which could be addressed as a part of one large survey probably in a larger hospital setting. The next four opportunities (what to do with underutilised talent; what to do with poor managers; how supervisors use the information; and the outcome effects on the organisation) all rely on longitudinal data, and could be pursued either simultaneously or severally. These could also be addressed to varying degrees if the research was conducted on anything from individual work units right up to the whole organisation. The last suggestion around cost-benefit analysis is not a longitudinal methodology, but the question could not be addressed until at least some of the longer-term effects of such a process were known. It is therefore the last question in this series that could be addressed.

While the time and effort to undertake such future research could be extrapolated from the current study, the fundamental shift from an anonymous and voluntary survey, to a selectively identified and compulsory staff survey is potentially hazardous. It is true that employers have the right to ask their employee questions (including in the form of a questionnaire) if such a directive is legitimately related to

the work and functioning of the organisation. They would nonetheless carry a profound obligation for the privacy of that information. This of course is not new for any organisation. They hold as private employees' personal detail, payroll information, performance records, and many other forms data. While the rater's names could be substituted for a unique code in order to do the aggregation necessary for removing bias, the de-identified records still identify the employee being rated. That employee (indeed every employee) would have the right to see their records (if not the names of the people who rated them). Even if the organisation chose to refuse this, the individual record would likely be the subject of a Freedom of Information application.

As a consequence, the hospital or health service would need to think very carefully about how the results are disseminated. It may be that the results of employees who scored poorly, but who have no managerial responsibilities are simply shredded. Clearly, these employees by virtue of their status should not be adversely affected by such an exercise in any way. Those employees that have no managerial responsibilities but who scored well in the eyes of their fellow employees, would no doubt be delighted to hear the results, but even then should not be compelled to take on a managerial role or fast-track program. If they choose to stay (hierarchically) right where they are, that should be respected, and carry no adverse consequence for their career as they choose to shape it.

Those managers who get good ratings will no doubt be gratified by how they are seen within the organisation. It is those managers at whatever level who receive poor ratings that may be most problematic – especially if the results of the survey are subject to an archival study by future researchers. Even if the organisation tries to use the results formatively, an individual manager may not respond positively to supportive attempts to change their approach to management. Unions could demand at least aggregate records of such managers as it may adversely affect their members. The

employer may have no immediate alternative to leaving the manager within their current role. While this is an unpleasant situation, it is not an unmanageable situation as long as those superiors who know the results of the survey maintain confidentiality except with their superiors. However, this is easier said than done where managers may have dual lines of responsibility to superiors who themselves have dual lines of responsibility. Where the over-simplified branch-and-stem organisational structure is simple not possible, what supervisor or supervisors should know the results? What if they act on those results independently. Clearly, the dissemination and use of such survey results needs to be clearly thought out before the survey is undertaken. This thinking also needs to include stakeholder groups like unions, employee groups, and even non-employee groups such as visiting medical officers (private specialists) that work in the hospital, agency nursing staff, and perhaps other long-term contract staff. Even if the project is not subject to ethics approval by virtue of its operational nature (the employer wants to run it for their own sake), the ethical implications of such a project or projects needs to be carefully considered so as to minimise any harm.

The last key consideration of any future research is considering the resources issues associated with such an exercise. While the first study in this research was relatively easy to conduct, the second study (even for what was a smaller hospital facility) was a significant logistical exercise. The negotiation, printing, collating, gathering, coding, entry, analysis, and reporting of the results was onerous, and did not reflect the rather small response rate. Were this exercise to be conducted in a large hospital as a directed activity, which would ensure a very high response rate, the amount of work need to successfully carry out the project would be considerable. Unless the hospital both understood and could afford what was required, they best not commence the project.

## Implications for Practice

This research has offered great insight in the attributes of an effective manager and has significant implications for practice. Firstly, the first study identified the attributes of an effective manager as rated by the staff of SLHD and SWSLHD. The first study specifically asked the staff of the two participating Local Health Districts what they believed to be the attributes of an effective manager. Therefore, the identified attributes are the direct input of the staff. As discussed previously, the attributes of an effective manager that were identified in the first study were encouraging, transforming, efficient, insecure (not), evasive (not), courageous, difficult (not), expedient (not), reasonable and trustworthy.

The identification of the attributes of an effective manager, which are based on staff feedback, has important implications for practice as it gives senior managers and executives an understanding of what attributes staff identify as those of an effective manager. This is important due to the positive impact that has been associated with managers who display the attributes of an effective manager. As discussed previously, it has been found that departments within health care facilities that have been identified as being led by a manager who displays the attributes of an effective manager have better patient and staffing outcomes (Upenieks, 2003 and VanOyen Force, 2005). This suggests that organisations generally and more specifically SLHD and SWSLHD should recruit new managers not only based on their technical skills, but who possess these attributes. By recruiting new managers with these attributes and appropriate and relevant technical skills there will be a positive flow-on affect for the staff, patients and the operation of the relevant department as a whole.

This research indicated that a small percentage of the ratees (3.13%) were identified as displaying some of the effective manager attributes more than the average person. The results also indicated that there was no relationship between a ratee displaying these attributes and the persons position within the



organisation, management or otherwise. Therefore, this indicates that this is an area of need for NSW Health as there is a need to identify potential managers who display these attributes. This also indicates that there are staff that are not in supervisory or management positions who display these attributes and that there is a need to identify these staff, as they may be potential candidates for future managerial positions if deemed appropriate.

This has implications for practice as it identifies that this is an area of need for the health service. As discussed above, there are a significant number of positive outcomes associated with having a manager who displays these attributes. Therefore, it should be recommended that SLHD, SWSLHD and more generally NSW Health recruits new managers based at least in part on the recognition within candidates of these attributes as well as the candidate's technical skill. This also identifies that the health service needs to identify and implement a feedback process that will identify staff in non-supervisory or non-managerial positions as so they can be developed and used for appropriate managerial / supervisory positions. A feedback tool and process will be tested in a large operational environment in phase three of this study. A more confident advice will be able to be provided to health service managers at the completion of this study.

The low level of participation in the study from the hospital may also have implications for practice. As discussed in results, only a small number of Canterbury Hospital staff participated in the study. While it was deemed not to have affected the sample size or the generalisability it indicated that there was a generally unwillingness of the staff to participate in feedback processes similar to the design of this study. This is important for health service managers as it shows that staff will be resistant to participate in feedback processes, if they were to become an operational directive. It is believed that the unwillingness of staff to participate stems from fear that the information collected will be used to their

detriment. This unwillingness of staff to participate shows that greater education needs to be provided to staff in relation to this or similar processes and the benefits that processes like this can provide for them, the patients and the organisation as a whole. It would also be recommended that the various Organisational Unions be consulted on this process and be asked to promulgated with their members the positive implications of participating in such studies.

The small percentage of staff that were identified as displaying attributes of an effective manager were not found to be more influential in the organisation than those that were not identified with these attributes. In fact, it was found that there was no relationship between the level of influence within the organisations and whether the ratee displayed the attributes of an effective manager more than the average person did. This result has significant implications for health service managers as it shows that a level of influence that a staff members has does not dependent on whether they would be deemed as a good manager. This has implications for health service managers as it indicates that poor performing managers may have equal or greater influence within the organisation when compared to better performing staff. This shows that poor performing managers need to be managed appropriately. Failure to provide management supervision to poor performing managers leading to improved performance may have greater consequences than just the performance of that manager.

Further to the identification of relationships between effectiveness and influence, it was also found that there was no relationship between gender, the position an employee held within the organisation and how the ratee was themselves rated. These two results also have implications for health service management as they show that staff who did participate did not base their ratings on the person position or their gender. This indicates that the staff that did participate were able to give, what they deemed as “fair” ratings based on their opinions and experiences. This is important as it shows that the

raters were not influenced by positional power. The result regarding gender has further implications for health service managers as it shows that based on these results there would appear to be no major gender issues within the health care setting. This is important as it shows that based on these results, that the health care setting is a fair and equitable workplace at least in relation to gender related issues.

The focus group, which was conducted as a part of the third study, allowed the researcher to have an understanding of the practical implications of the research. The focus group showed that if this process was to be implemented within the health service, there would need to be strong human resource structures placed around it to ensure that not only was it effective but also safe and reasonable for the staff to participate in. One of the major implications for practice that was identified through the focus group was the way in which the identified attributes could be used as a way to recruit effective managers. Based on the feedback from the participants of the group, the researcher suggested that the attributes of an effective manager could be used as a part of the reference checking process for applicants applying for managerial positions.

## Reflection on the Research Questions

### 1. What are the attributes of an effective manager within the public health sector?

The attributes of an effective manager as identified by the staff research participants in the first study are encouraging, transforming, efficient, [not] insecure, [not] evasive, courageous, [not] difficult, [not] expedient, reasonable and trustworthy.

### 2. Does correcting for any rating bias change the profile of scores individuals receive?

Yes, correcting for rating bias does change the profile of scores that individuals receive.

Correcting for any rating bias changed the profile of scores received as it was found that the majority of the participants of the second study were either positively or negatively biased.

Removing the bias allowed the scores to more accurately reflect the true ratings.

3. What proportion of staff show characteristics of an effective manager (i.e. what are the distributional characteristics of these attributes within the organisation)? It was found that 3.13% of the sample displayed some of the attributes of an effective manager. None of the participants that were rated displayed all of the attributes of an effective manager.

4. What proportion of those staff who display these characteristics are already in a position of management, and can a particular total score largely distinguish these two groups? There was no significant relationship between staff that displayed the attributes of an effective manager and those staff being in managerial positions.

5. Are those staff who display these characteristics more influential within the organisation as measured by the number of people who rate them? There was no significant relationship between staff that displayed the attributes of an effective manager and these staff having a higher level of influence within the organisation.

6. Do people rate superiors, peers and subordinates in a consistently different way?

No, the results from the second study found that superiors, peers and subordinates rate each other in the same way. The second study indicated that there was no relationship significant between the rateer's managerial status and the ratee's managerial status.

7. Do men and women rate men and women in a consistently different way?

No, the results from the second study found that men and women generally rated each other in the same way. There was no relationship between gender and the ratings that were received.

## Conclusion

This research project has significantly contributed to the literature and the expansion of knowledge on the area of health service management and the required attributes for successful management. This research project aimed to identify the attributes of an effective manager within the NSW Health Service. The attributes that were identified as being associated with effectiveness are encouraging, transforming, efficient, insecure (not), evasive (not), courageous, difficult (not), expedient (not), reasonable and trustworthy. This project was original compared to other literature on this topic because it was specifically focused on the NSW public health system. Based on the literature reviewed, it is not believed that there has been another research project that specifically aims to identify the attributes of an effective health service manager. It is for this reason that this research project has added original content to the literature on this topic. If it was not for this research project, there would still be a lack of understanding on the attributes of an effective health services manager specific to NSW Health.

The second study identified the percentage of staff that displayed the attributes of an effective manager. This research found that 3.13% of staff, who were rated, were found to display some of the attributes of the effective manager “more than the average person”. This made a significant contribution to the literature as it identified that no staff member was rated as displaying all of the attributes of an effective manager. Further, this result also identified that there is only a small percentage within the health care facility that display the attributes of an effective manager “more than the average person”.

This research project also identified that some of the staff that were rated as displaying the attributes of an effective manager are not in managerial or supervisory positions. This is important as it identified that staff do not need to be in managerial position to display the attributes of an effective manager. This was interesting as none of the literature reviewed for this research project raised or discussed staff that are not in managerial or supervisory positions displaying these attributes. This identified that there is staff that have not yet been identified that have the potential to be supervisors or managers. This is important as it identifies the need for there to be a feedback process that will identify these staff. This has not been identified or reported before, therefore this adds to the area of study as it shows that there are staff that are yet to be identified as potential management talent who could be added to the pool of managers who display the attributes of an effective manager.

The finding that there was no relationship between an individual’s level of influence within an organisation and whether or not they display attributes of an effective manager was also an original and significant contribution to the literature. This finding indicated that even if the person is a poor performer or has human resource issues that they may be more influential than an individual that displays all of the attributes of an effective manager “more than the average person”. This was an

original and significant contribution to the literature as it had not been previously identified that there might be staff who display these attributes that are currently not in positions of management. This is important as it was identified that there having effective managers was an area of need for NSW Health. This result indicated that there is a pool of staff already employed by NSW Health that display these attributes and may be potential management talent. This is a finding that has not yet been reported.

This research also found that there was no relationship between an individual's gender or position and the rating they received. These two findings broaden the understanding of conducting a feedback process like this in NSW Health. These two findings generally did not correlate with the literature, as the majority of the literature reviewed identified that there would be relationship between a person's gender, their position and the rating they received. It is believed these findings may be specific to the NSW Health service given its organisational and staffing structure.

This research project tested a feedback process and tool that identified staff that displayed attributes of an effective manager. The testing of this tool identified that this feedback process could be implemented in a health care facility and that staff who display the attributes of an effective manager could be identified. This result adds an original and significant contribution to the literature as the feedback tool that was tested in this research project is significantly different to those used in other research. The feedback tool used in this research project used "other reporting" and asked all staff to participate in the rating process. This adds to this area of study as the majority of the literature reviewed regarding feedback processes reviewed the effectiveness of 360-degree feedback. No literature was found that reviewed the feedback process like the one that was used in this research. This is an important point as this research showed the effectiveness of a feedback tool that is not commonly used in managerial research.

Further to the testing of this feedback tool and process, this research also identified some of the issues that could arise when implementing a feedback process like this. The first issue identified that contributes to the literature is the resistance from the staff to participate in this research project. While this did not affect the sample size or the generalisability, it is interesting to note as indicated that staff were not comfortable with participating in this process. This contributes to the literature as this was not an issue that had been reported in other literature on this topic. In addition, it indicated that this may be due to an issue that is specific to NSW Health, such as the culture.

The second issue that was identified was in regards to the ratings, it was found that there was generally positively or negatively bias, therefore the scores had to be corrected before they could be analysed. This is an important finding and is an original and significant contribution to the literature as this aspect was not discussed in earlier literature and indicates that people are generally biased when rating other staff members. This is a significant contribution as it will provide some insight into this issue for future researches conducting research in this area and using a feedback tool, which was tested in this research. This research also indicated that based on feedback received from senior health service executives, a feedback process and a tool like the one tested in these studies could possibly be implemented in the health service. This research also showed that the health service managers identified that a tool, like the one developed for the second study would have use within the health service.

In conclusion, this research aimed to identify the attributes of an effective manager, specific to the NSW Health service. This research project achieved this, the attributes of an effective manager, specific to the health service are encouraging, transforming, efficient, insecure (not), evasive (not), courageous, difficult (not), expedient (not), reasonable and trustworthy. This



project has made an original and significant contribution to the literature as this is a study that has not been conducted before. A better understanding of the attributes of and effective manager and the prevalence of staff who display these attributes is now known due to the results of this research project.

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## Appendix 1: Series of Descriptors used for the First Study

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1.	Able	33.	Alone
2.	Abrupt	34.	Aloof
3.	Absent-minded	35.	Alternative
4.	Abusive	36.	Altruistic
5.	Academic	37.	Amateur
6.	Accepting	38.	Amazing
7.	Accommodating	39.	Ambitious
8.	Accountable	40.	Analytical
9.	Accurate	41.	Angry
10.	Accusing	42.	Antisocial
11.	Achieving	43.	Anxious
12.	Active	44.	Apologetic
13.	Adaptable	45.	Appealing
14.	Adequate	46.	Appreciating
15.	Adjusted	47.	Apprehensive
16.	Admired	48.	Appropriate
17.	Adult	49.	Approving
18.	Advanced	50.	Arguing
19.	Adventurous	51.	Arrogant
20.	Advised	52.	Asking
21.	Advocating	53.	Assaulting
22.	Affirming	54.	Assertive
23.	Afraid	55.	Assessing
24.	Aggressive	56.	Assisting
25.	Agreeable	57.	Assuming
26.	Ahead	58.	Assured
27.	Aiding	59.	Attacking
28.	Alarmed	60.	Attentive
29.	Alert	61.	Authoritarian
30.	Alienating	62.	Automatic
31.	Alive	63.	Autonomous
32.	Allowing	64.	Available
		65.	Average

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66.	Avoidant	104.	Celebrating
67.	Aware	105.	Certain
68.	Awful	106.	Challenging
69.	Backing	107.	Championing
70.	Balanced	108.	Changeable
71.	Bargaining	109.	Changing
72.	Base	110.	Charismatic
73.	Basic	111.	Cheap
74.	Battling	112.	Checking
75.	Beaten	113.	Childish
76.	Believing	114.	Choosing
77.	Biased	115.	Civil
78.	Bitter	116.	Clashing
79.	Blaming	117.	Clear
80.	Blind	118.	Clever
81.	Bold	119.	Closed
82.	Bored	120.	Cohesive
83.	Boring	121.	Cold
84.	Borrowing	122.	Collaborative
85.	Bossy	123.	Comfortable
86.	Bound	124.	Comforting
87.	Brave	125.	Commanding
88.	Bridging	126.	Committed
89.	Brief	127.	Common
90.	Bright	128.	Communicating
91.	Brilliant	129.	Competent
92.	Broad	130.	Competitive
93.	Bullying	131.	Complaining
94.	Burdening	132.	Complete
95.	Bureaucratic	133.	Complex
96.	Burnt	134.	Compliant
97.	Busy	135.	Complicated
98.	Calm	136.	Comprehensive
99.	Campaigning	137.	Compromising
100.	Capable	138.	Conceding
101.	Careful	139.	Concentrated
102.	Caring	140.	Concerned
103.	Cautious	141.	Concrete

142.	Condemning	180.	Dangerous
143.	Condescending	181.	Daring
144.	Confident	182.	Debating
145.	Confident	183.	Deceitful
146.	Confirming	184.	Decent
147.	Conflicted	185.	Decisive
148.	Confronting	186.	Declining
149.	Confused	187.	Deep
150.	Confusing	188.	Defeated
151.	Conscientious	189.	Defeating
152.	Conscious	190.	Defensive
153.	Conservative	191.	Delaying
154.	Considerate	192.	Delegating
155.	Considered	193.	Deliberate
156.	Consistent	194.	Demanding
157.	Constant	195.	Democratic
158.	Constructive	196.	Denying
159.	Consultative	197.	Dependable
160.	Contained	198.	Deserving
161.	Contemporary	199.	Desperate
162.	Contented	200.	Destructive
163.	Controlling	201.	Detached
164.	Controversial	202.	Detailed
165.	Conventional	203.	Determined
166.	Cool	204.	Developing
167.	Co-operating	205.	Developmental
168.	Coping	206.	Different
169.	Correcting	207.	Difficult
170.	Corrupt	208.	Diplomatic
171.	Courageous	209.	Direct
172.	Cowardly	210.	Directionless
173.	Credible	211.	Disapproving
174.	Critical	212.	Disastrous
175.	Cultured	213.	Discerning
176.	Curious	214.	Disciplined
177.	Current	215.	Discounting
178.	Cutting	216.	Discouraging
179.	Damaging	217.	Discriminating

218.	Dishonest	256.	Enthusiastic
219.	Dismissing	257.	Entitled
220.	Disputing	258.	Entrepreneurial
221.	Distracted	259.	Equal
222.	Distressed	260.	Erratic
223.	Distressing	261.	Ethical
224.	Diverse	262.	Evasive
225.	Dividing	263.	Exacting
226.	Divisive	264.	Excellent
227.	Dominating	265.	Excited
228.	Doubting	266.	Exciting
229.	Down	267.	Excusing
230.	Dragging	268.	Exhausted
231.	Draining	269.	Exhausting
232.	Dramatic	270.	Expecting
233.	Dreaming	271.	Expedient
234.	Drifting	272.	Expensive
235.	Driven	273.	Experienced
236.	Dry	274.	Expert
237.	Dutiful	275.	Exploiting
238.	Dynamic	276.	Exploring
239.	Eager	277.	Extraordinary
240.	Easy	278.	Extreme
241.	Eccentric	279.	Failed
242.	Educated	280.	Fair
243.	Educational	281.	Faithful
244.	Effective	282.	Familiar
245.	Efficient	283.	Fast
246.	Elusive	284.	Favouring
247.	Emotional	285.	Fearful
248.	Empathic	286.	Fearing
249.	Empowering	287.	Firm
250.	Empty	288.	Flat
251.	Enabling	289.	Flexible
252.	Encouraging	290.	Focused
253.	Engaging	291.	Forcing
254.	Enhancing	292.	Foresighted
255.	Entertaining	293.	Forgetting

294.	Forgiving	332.	Honest
295.	Formal	333.	Honourable
296.	Forthcoming	334.	Human
297.	Free	335.	Humble
298.	Friendly	336.	Hypocritical
299.	Frugal	337.	Idealistic
300.	Frustrated	338.	Imaginative
301.	Frustrating	339.	Immature
302.	Fulfilled	340.	Impatient
303.	Fun	341.	Important
304.	Fundamental	342.	Imposing
305.	Funny	343.	Impossible
306.	Generous	344.	Impressive
307.	Gentle	345.	Improving
308.	Genuine	346.	Impulsive
309.	Giving	347.	Inactive
310.	Grand	348.	Inappropriate
311.	Greedy	349.	Inclusive
312.	Grounded	350.	Inconsistent
313.	Grounding	351.	Independent
314.	Growing	352.	Individual
315.	Guarded	353.	Industrious
316.	Guiding	354.	Inept
317.	Guilty	355.	Influential
318.	Habitual	356.	Informative
319.	Happy	357.	Informed
320.	Harassed	358.	Innovative
321.	Harassing	359.	Inquisitive
322.	Hard	360.	Insecure
323.	Hardworking	361.	Insensitive
324.	Harmonious	362.	Insightful
325.	Hated	363.	Inspired
326.	Hating	364.	Inspiring
327.	Healthy	365.	Instructive
328.	Hearing	366.	Intellectual
329.	Helpful	367.	Intelligent
330.	Hesitant	368.	Intense
331.	Hierarchical	369.	Interactive



370.	Interested	408.	Moral
371.	Interesting	409.	Motivated
372.	Intimidating	410.	Motivating
373.	Intolerant	411.	Narrow
374.	Intuitive	412.	Natural
375.	Inventive	413.	Necessary
376.	Investing	414.	Negative
377.	Involved	415.	Neglectful
378.	Irresponsible	416.	Nervous
379.	Irritating	417.	Networked
380.	Isolated	418.	Nice
381.	Judgmental	419.	Nit-picking
382.	Just	420.	Normal
383.	Keen	421.	Nurturing
384.	Kind	422.	Obedient
385.	Knowledgeable	423.	Objective
386.	Lawful	424.	Obstructive
387.	Lazy	425.	Obvious
388.	Leading	426.	Odd
389.	Legal	427.	Offensive
390.	Liberating	428.	Official
391.	Limited	429.	Open
392.	Limiting	430.	Opposing
393.	Litigious	431.	Ordered
394.	Logical	432.	Ordinary
395.	Long-Term	433.	Organised
396.	Loyal	434.	Original
397.	Manipulative	435.	Overbearing
398.	Materialistic	436.	Overconfident
399.	Mature	437.	Overwhelmed
400.	Mean	438.	Overwhelming
401.	Meticulous	439.	Overworked
402.	Military	440.	Painful
403.	Misguided	441.	Paralysed
404.	Mistrustful	442.	Paranoid
405.	Moderate	443.	Participative
406.	Modern	444.	Particular
407.	Modest	445.	Passive

446.	Patient	484.	Pushy
447.	Peaceful	485.	Qualified
448.	Persistent	486.	Questioning
449.	Personal	487.	Quick
450.	Persuasive	488.	Quiet
451.	Petty	489.	Radical
452.	Planned	490.	Rational
453.	Pleasant	491.	Reactive
454.	Plotting	492.	Ready
455.	Polite	493.	Real
456.	Political	494.	Reasonable
457.	Popular	495.	Reassuring
458.	Positive	496.	Reckless
459.	Powerful	497.	Recognised
460.	Practical	498.	Reflective
461.	Praising	499.	Reforming
462.	Predictable	500.	Regular
463.	Prejudiced	501.	Rejecting
464.	Prepared	502.	Relaxed
465.	Present	503.	Relevant
466.	Pressured	504.	Reliable
467.	Pressuring	505.	Reluctant
468.	Principled	506.	Remarkable
469.	Private	507.	Remote
470.	Procedural	508.	Removed
471.	Procrastinating	509.	Reprimanding
472.	Productive	510.	Reserved
473.	Professional	511.	Resilient
474.	Proper	512.	Resolved
475.	Protective	513.	Resourceful
476.	Protesting	514.	Respectful
477.	Provoking	515.	Respecting
478.	Prudent	516.	Responsible
479.	Psychological	517.	Responsive
480.	Public	518.	Rewarding
481.	Punctual	519.	Rigid
482.	Punishing	520.	Rough
483.	Punitive	521.	Routine

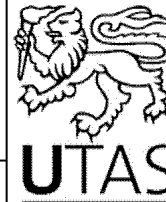
522.	Sacrificing	560.	Straight
523.	Safe	561.	Strange
524.	Satisfied	562.	Stressed
525.	Satisfying	563.	Stressful
526.	Scheming	564.	Stretched
527.	Scientific	565.	Strict
528.	Secretive	566.	Strong
529.	Secure	567.	Structured
530.	Selfish	568.	Stuck
531.	Senior	569.	Stupid
532.	Sensible	570.	Submissive
533.	Sensitive	571.	Substantial
534.	Serious	572.	Successful
535.	Severe	573.	Sufficient
536.	Shaming	574.	Suitable
537.	Sharing	575.	Superficial
538.	Sharp	576.	Superior
539.	Short-sighted	577.	Supporting
540.	Shy	578.	Sure
541.	Significant	579.	Surprised
542.	Silent	580.	Surprising
543.	Simple	581.	Suspicious
544.	Sincere	582.	Sustained
545.	Skilled	583.	Sweet
546.	Slow	584.	Sympathetic
547.	Sly	585.	Taking
548.	Small-minded	586.	Technical
549.	Smart	587.	Temporary
550.	Sneaky	588.	Terrible
551.	Social	589.	Testing
552.	Sophisticated	590.	Thick
553.	Specialised	591.	Thinking
554.	Spirited	592.	Thorough
555.	Spontaneous	593.	Thoughtful
556.	Stable	594.	Threatening
557.	Standard	595.	Timely
558.	Steady	596.	Tolerant
559.	Stimulating	597.	Tough

- 598. Traditional
- 599. Tranquil
- 600. Transformed
- 601. Transforming
- 602. Travelled
- 603. Trusting
- 604. Trustworthy
- 605. Truthful
- 606. Typical
- 607. Uncaring
- 608. Uncomplicated
- 609. Undermining
- 610. Understanding
- 611. Unfair
- 612. Unhappy
- 613. Unimaginative
- 614. Unique
- 615. Unreasonable
- 616. Unreliable
- 617. Unusual
- 618. Useful
- 619. Valuable
- 620. Vengeful
- 621. Victimised
- 622. Victimising
- 623. Visible
- 624. Visionary
- 625. Vital
- 626. Vulnerable
- 627. Warm
- 628. Weak
- 629. Wild
- 630. Willing
- 631. Wise
- 632. Worried

## Appendix 2: First Study Ethics Approval – University of Tasmania

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Social Science Ethics Officer  
Private Bag 01 Hobart  
Tasmania 7001 Australia  
Tel: (03) 6226 2763  
Fax: (03) 6226 7148  
Katherine.Shaw@utas.edu.au



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HUMAN RESEARCH ETHICS COMMITTEE (TASMANIA) NETWORK

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15 August 2011

Assoc Prof Jeff Patrick  
Faculty of Business  
Royal Prince Alfred Hospital  
Sydney NSW

Dear Assoc Prof Patrick

Re: MINIMAL RISK ETHICS APPLICATION APPROVAL  
Ethics Ref. H0011912 - The character of great managers: Stage one

---

We are pleased to advise that acting on a mandate from the Tasmania Social Sciences HREC, the Chair of the committee considered and approved the above project on 14 August 2011.

Please note that this approval is for four years and is conditional upon receipt of an annual Progress Report. Ethics approval for this project will lapse if a Progress Report is not submitted.

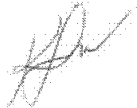
The following conditions apply to this approval. Failure to abide by these conditions may result in suspension or discontinuation of approval.

1. It is the responsibility of the Chief Investigator to ensure that all investigators are aware of the terms of approval, to ensure the project is conducted as approved by the Ethics Committee, and to notify the Committee if any investigators are added to, or cease involvement with, the project.
2. Complaints: If any complaints are received or ethical issues arise during the course of the project, investigators should advise the Executive Officer of the Ethics Committee on 03 6226 7479 or [human.ethics@utas.edu.au](mailto:human.ethics@utas.edu.au).
3. Incidents or adverse effects: Investigators should notify the Ethics Committee immediately of any serious or unexpected adverse effects on participants or unforeseen events affecting the ethical acceptability of the project.

A PARTNERSHIP PROGRAM IN CONJUNCTION WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. Amendments to Project: Modifications to the project must not proceed until approval is obtained from the Ethics Committee. Please submit an Amendment Form (available on our website) to notify the Ethics Committee of the proposed modifications.
5. Annual Report: Continued approval for this project is dependent on the submission of a Progress Report by the anniversary date of your approval. You will be sent a courtesy reminder closer to this date. **Failure to submit a Progress Report will mean that ethics approval for this project will lapse.**
6. Final Report: A Final Report and a copy of any published material arising from the project, either in full or abstract, must be provided at the end of the project.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'K. Shaw', is written over a faint, circular, dotted background.

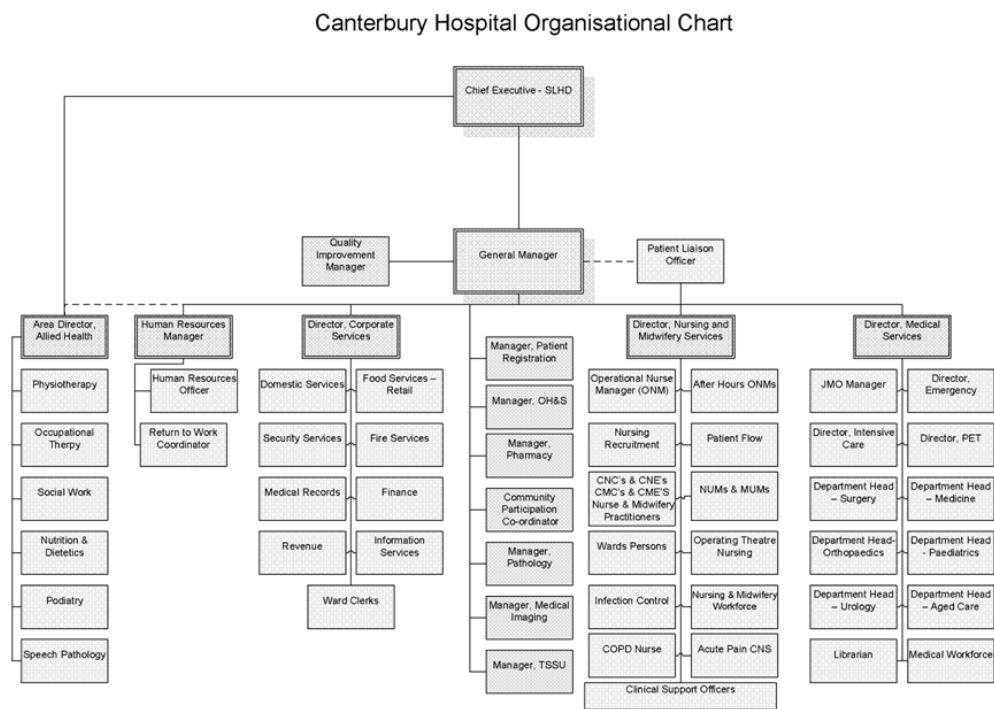
Katherine Shaw  
Acting Executive Officer

## Appendix 3: First Study Approval – Clinical Support Cluster Western

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# Appendix 4: Canterbury Hospital Organisational Chart





## Appendix 5: Participant Survey (Self)

### Survey: The Character of Great Managers (Self Rating)

a) Do you manage the efforts of other staff, regardless of what your job title might be (e.g. supervisor, team-leader, director, or coordinator)? No ☐ Yes ☐ If yes, about how many people do you manage?

b) What is your gender? Female ☐ Male ☐

c) What is your occupation?

d) Please place your full name in the space provided below. Please rate yourself on the following work-related attributes. These attributes should be interpreted in their ordinary mean as it may appear in any dictionary (see typical definitions below).  
Please use a rating between 1 and 5.  
1. = much less than the average person  
2. = less than the average person  
3. = about the same as the average person  
4. = more than the average person  
5. = much more than the average person

Your Name	Effective	Encouraging	Insecure	Reasonable	Courageous	Trustworthy	Expedient	Efficient	Transforming	Difficult	Evasive

#### Definitions:

*Effective* - producing the intended or expected result  
*Encouraging* - to inspire with courage, spirit, or confidence  
*Insecure* - not self-confident or assured  
*Reasonable* - agreeable to reason or sound judgment; logical  
*Courageous* - the quality of mind or spirit that enables a person to face difficulty; bravery  
*Trustworthy* - deserving of trust or confidence; dependable; reliable  
*Expedient* - a regard for what is politic or advantageous rather than for what is right or just; a sense of self-interest  
*Efficient* - performing or functioning in the best possible manner with the least waste of time and effort  
*Transforming* - to change [the organisation or processes] in form or structure for the better  
*Difficult* - hard to deal with or get on with, hard to please or satisfy, stubborn  
*Evasive* - the avoiding of an issue, argument, accusation, or question, by evasion, excuse, trickery, or subterfuge

MASTER Participant Survey, Version 2, 23/12/2011

## Appendix 6: Participant Survey (Other)

### Survey: The Character of Great Managers

MASTER Participant Survey, Version 2, 23/12/2011

a) Do you manage the efforts of other staff, regardless of what your job title might be (e.g. supervisor, team-leader, director, or coordinator)? No Yes  
☐ ☐

b) What is your gender? Female Male  
☐ ☐

c) Please list all the people in the hospital that you feel you know well enough to rate. You do not have to rate every individual you name on every work-related attribute, just the ones you feel you know well enough to rate. These attributes should be interpreted in their ordinary mean as it may appear in any dictionary (see typical definitions on the other side of this page). Your individual feedback will never be shown to them.

Please use a rating between 1 and 5.

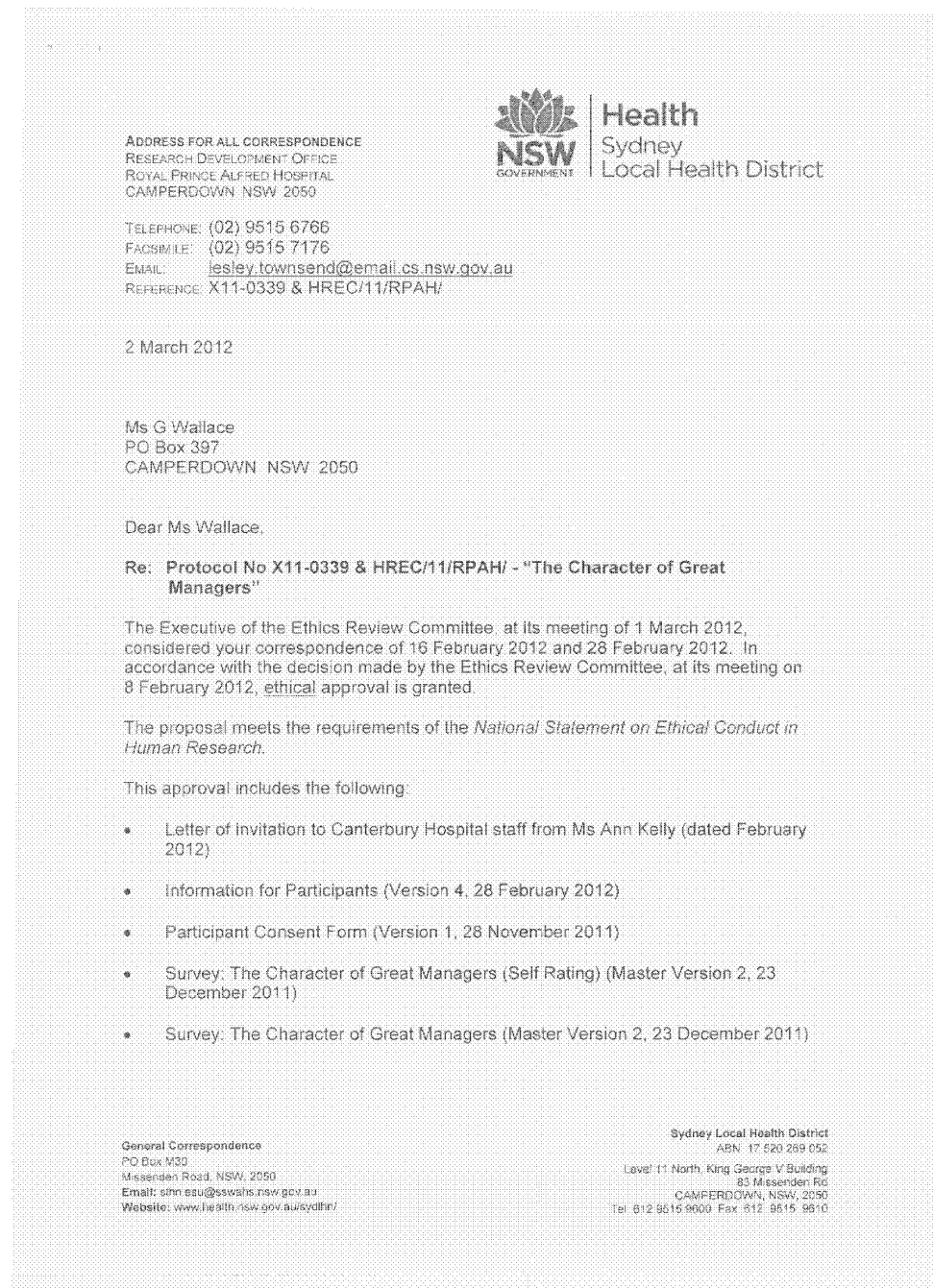
1. = much less than the average person
2. = less than the average person
3. = about the same as the average person
4. = more than the average person
5. = much more than the average person

Names	Do they manage or supervise others?	Please rate individuals on the following work-related attributes...										
		Effective	Encouraging	Insecure	Reasonable	Courageous	Trustworthy	Expedient	Efficient	Transforming	Difficult	Evasive
	Yes <input type="checkbox"/>											
	No <input type="checkbox"/>											
	Yes <input type="checkbox"/>											
	No <input type="checkbox"/>											
	Yes <input type="checkbox"/>											
	No <input type="checkbox"/>											
	Yes <input type="checkbox"/>											
	No <input type="checkbox"/>											
	Yes <input type="checkbox"/>											
	No <input type="checkbox"/>											
	Yes <input type="checkbox"/>											
	No <input type="checkbox"/>											
	Yes <input type="checkbox"/>											
	No <input type="checkbox"/>											

Please continue on the other side...

## Appendix 7: Second Study Ethics Approval – Royal Prince Alfred Hospital

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You are asked to note the following:

- **This letter constitutes ethical approval only. You must NOT commence this research project at ANY site until you have submitted a Site Specific Assessment Form to the Research Governance Officer and received separate authorisation from the Chief Executive or delegate of that site.**

**On the basis of this ethics approval, authorisation may be sought to conduct this study within any NSW public health organisation and/or within any private organisation which has entered into an appropriate memorandum of understanding with the Sydney Local Health District, Sydney Local Health Network or the Sydney South West Area Health Service.**

The Committee noted that authorisation will be sought to conduct the study at the following sites:

- Canterbury Hospital
- This approval is valid for four years, and the Committee requires that you furnish it with annual reports on the study's progress beginning in March 2013.
- This human research ethics committee (HREC) has been accredited by the NSW Department of Health as a lead HREC under the model for single ethical and scientific review and is constituted and operates in accordance with the National Health and Medical Research Council's *National Statement on Ethical Conduct in Human Research* and the *CPMP/ICH Note for Guidance on Good Clinical Practice*.
- You must immediately report anything which might warrant review of ethical approval of the project in the specified format, including unforeseen events that might affect continued ethical acceptability of the project.
- You must notify the HREC of proposed changes to the research protocol or conduct of the research in the specified format.
- You must notify the HREC and other participating sites, giving reasons, if the project is discontinued at a site before the expected date of completion.
- Where appropriate, the Committee recommends that you consult with your Medical Defence Union to ensure that you are adequately covered for the purposes of conducting this study.

Should you have any queries about the Committee's consideration of your project, please contact me. The Committee's Terms of Reference, Standard Operating Procedures, membership and standard forms are available from the Sydney Local Health District website.

A copy of this letter must be forwarded to all site investigators for submission to the relevant Research Governance Officer.

The Ethics Review Committee wishes you every success in your research.

Yours sincerely,

A handwritten signature in cursive script that reads "Lesley Townsend".

Lesley Townsend  
**Executive Officer**  
**Ethics Review Committee (RPAH Zone)**

HERC\EXCOR\12-03

# Appendix8: Second Study Ethics Approval – University of Tasmania

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Social Science Ethics Officer  
Private Bag 01 Hobart  
Tasmania 7001 Australia  
Tel: (03) 6226 2763  
Fax: (03) 6226 7148  
Katherine.Shaw@utas.edu.au



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HUMAN RESEARCH ETHICS COMMITTEE (TASMANIA) NETWORK

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15 March 2012

Assoc Prof Jeff Patrick  
Faculty of Business  
University of Tasmania

Student Researcher: Genevieve Wallace

Dear Assoc Prof Patrick

Re: PRIOR APPROVAL ETHICS APPLICATION APPROVAL  
Ethics Ref: **H0012382 - The Character of Great Managers**

Previously approved by: Sydney South West Area Health Service Human Research Ethics Committee (RPAH Zone)

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We are pleased to advise that acting on a mandate from the Tasmania Social Sciences HREC, the Chair of the committee considered and approved the above project on 15 March 2012.

Please note that this approval is for four years and is conditional upon receipt of an annual Progress Report. Ethics approval for this project will lapse if a Progress Report is not submitted.

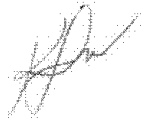
The following conditions apply to this approval. Failure to abide by these conditions may result in suspension or discontinuation of approval.

1. It is the responsibility of the Chief Investigator to ensure that all investigators are aware of the terms of approval, to ensure the project is conducted as approved by the Ethics Committee, and to notify the Committee if any investigators are added to, or cease involvement with, the project.
2. Complaints: If any complaints are received or ethical issues arise during the course of the project, investigators should advise the Executive Officer of the Ethics Committee on 03 6226 7479 or [human.ethics@utas.edu.au](mailto:human.ethics@utas.edu.au).

A PARTNERSHIP PROGRAM IN CONJUNCTION WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

3. Incidents or adverse effects: Investigators should notify the Ethics Committee immediately of any serious or unexpected adverse effects on participants or unforeseen events affecting the ethical acceptability of the project.
4. Amendments to Project: Modifications to the project must not proceed until approval is obtained from the Ethics Committee. Please submit an Amendment Form (available on our website) to notify the Ethics Committee of the proposed modifications.
5. Annual Report: Continued approval for this project is dependent on the submission of a Progress Report by the anniversary date of your approval. You will be sent a courtesy reminder closer to this date. **Failure to submit a Progress Report will mean that ethics approval for this project will lapse.**
6. Final Report: A Final Report and a copy of any published material arising from the project, either in full or abstract, must be provided at the end of the project.

Yours sincerely



Katherine Shaw  
Ethics Officer  
Tasmania Social Sciences HREC

## Appendix 9: Participant Information Sheet

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### **PARTICIPANT INFORMATION SHEET SOCIAL SCIENCE/ HUMANITIES RESEARCH**

#### **The Character of Great Managers**

##### **Invitation**

You are invited to participate in a research study into the attributes of effective managers. The study is being conducted by Associate Professor Jeff Patrick from the University of Tasmania's Faculty of Business.

##### **1. 'What is the purpose of this study?'**

The purpose of this study is to investigate the attributes of an effective manager, and develop tools that could be used to identify staff that have management potential based on the identified attributes.

##### **2. 'Why have I been invited to participate in this study?'**

You are eligible to participate in this study because you are either a full time, part time or casual employee of Canterbury Hospital.

##### **4. 'What does this study involve?'**

As a participant in this research study you will be asked to rate yourself from one to five on the following attributes, encouraging, insecure, reasonable, courageous, trustworthy, expedient, efficient, transforming, (not) difficult and evasive. Once you have rated yourself, you will then be asked to list all staff members employed at Canterbury Hospital who you feel you know well enough to rate against these 10 attributes. Once you have finished your survey you will be asked to place it in the sealed envelope that you were provided with and place it in the internal mail.

You will also have an opportunity to be provided with feedback regarding how you were rated by other staff within the hospital. To receive this feedback you will have to mark this on the copy of your survey..

The information that is collected from this research project will not be shared with anyone. In particular, nobody at the hospital will ever see your individual results, but you. It is asked that you maintain confidentiality of who you rated and the score that they were given.

It is important that you understand that your involvement in this study is voluntary. While we would be pleased to have you participate, we respect your right to decline. There will be no consequences to you if you decide not to participate, and this will not affect your employment. If you decide to discontinue participation at any time, you may do so without providing an explanation. All information will be treated in a confidential manner, and your name will not be used in any publication arising out of the research. All of the research data will be encrypted and secured.



**5. Are there any possible benefits from participation in this study?**

If I'm able to take the findings of this small study and link them with a wider study, the result may be valuable information for others and it may lead to a better understanding of what the attributes are of an effective manager and tools that could be used to identify potential management talent.

Again, you also have the option to receive individual feedback about the average ratings you were given by others. As the characteristics that are being rated are highly associated to effective managers, this feedback might be informative for you if you are in, or plan to be in a supervisory or management position.

**6. Are there any possible risks from participation in this study?**

There are no risks anticipated with participation in this study.

**7. What if I have questions about this research?**

If you would like to discuss any aspect of this study please feel free to contact Associate Professor Jeff Patrick on ph 9515 9232. I will be happy to discuss any aspect of the research with you. Once we have analysed the information I will be happy to mail you a summary of my findings if you wish to receive them. You are welcome to contact me at that time to discuss any issue relating to the research study.

This study has been approved by the Tasmanian Social Science Human Research Ethics Committee. If you have concerns or complaints about the conduct of this study should contact the Executive Officer of the HREC (Tasmania) Network on (03) 6226 7479 or email [human.ethics@utas.edu.au](mailto:human.ethics@utas.edu.au). The Executive Officer is the person nominated to receive complaints from research participants. You will need to quote [HREC project number].

**Thank you for taking the time to consider this study.**  
**If you wish to take part in it, please sign the attached consent form.**  
**This information sheet is for you to keep.**

# Appendix 10: Participant Consent Form

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## Character of Great Managers PARTICIPANT CONSENT FORM

I, ..... *[name]*  
of

..... *[address]*

have read and understood the Information for Participants on the abovenamed research study  
and have discussed the study with .....

I have been made aware of the procedures involved in the study, including any known or  
expected inconvenience, risk, discomfort or potential side effect and of their implications as far  
as they are currently known by the researchers.

I freely choose to participate in this study and understand that I can withdraw at any time.

I also understand that the research study is strictly confidential.

I hereby agree to participate in this research study.

**NAME:** .....

**SIGNATURE:** .....

**DATE:** .....

**NAME OF WITNESS:** .....

**SIGNATURE OF WITNESS:** .....

# Appendix 11: Approval Memorandum

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Health  
Sydney  
Local Health District

memo

Chief Executive

---

TO Genevieve Wallace – Service Director, BreastScreen

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FROM Dr Teresa Anderson - Chief Executive

---

CC

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SUBJECT Thesis

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Dear Genevieve

Thank you for the opportunity to review your draft thesis on the attributes of an effective health services manager. Your research provided some useful insights into what staff identified as effective manager attributes.

I note that some of your findings and recommendations from your research might be applicable to managers within the Sydney Local Health District (SLHD).

As such, it would be appreciated if you could organise a focus group consisting of hospital General Managers and other key executive from SLHD to discuss and review your findings and recommendations.

I would also like to attend the meeting. Please liaise with Ms Nerida Bransby, Executive Assistant to the Chief Executive on 9515 9841 to organise a mutually convenient time.

Should you wish to discuss this matter further in the interim please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Teresa Anderson', written over a horizontal line.

Dr Teresa Anderson

Date: 31-10-12

This Appendix has been removed for  
copyright or proprietary reasons

## **Appendix 12**

**Appendix 12 Contains participant's signatures and contact details, so it has been removed.**

# Appendix 13: Focus Group Briefing Note

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## Focus Group Briefing:

### The Attributes of an Effective Health Service Manager

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The aim of the research was to identify the attributes of effective health service managers. The term 'manager' was defined as anyone responsible for the efforts of others including supervisors, directors, team-leaders, and so on. A pilot study asked staff of the old area health service to rate their manager against a list of over 600 possible management attributes. Analysis revealed which attributes were most consistently associated with managerial effectiveness. The main study was based on these findings. The main study was conducted at Canterbury Hospital and focused on the prevalence of these attributes, and whether they were linked to the person's position, a person's level of influence, gender, or power relationship with the people who rated them. Nobody had any way of knowing who rated who. The purpose of the focus group is to discuss the recommendations that have been developed based on this research.

#### Results:

The ten attributes emerged as highly predictive of effective managers.

- Encouraging
- (not) Insecure
- Reasonable
- Courageous
- Trustworthy
- (not) Expedient
- Efficient
- Transforming
- (not) Difficult
- (not) Evasive

The key results of the main study were as follows:

- Some level of rater bias was evident and removed.
- 3.13% of the Canterbury Hospital staff displayed a majority of these attributes more than most.
- There was no relationship with these attributes and whether the person was already a manager.
- Nor were these ratings associated with their level of influence, their gender, or the way in which subordinates, peers and managers rated one another.

#### Recommendations for Discussion:

1. Conduct a 'live run' of this staff survey (where staff and their managers can see their aggregate results but not who rated them) in a larger hospital with a view to:
  - a. Assess the effects of positive feedback for existing managers who score well;
  - b. Assess the effects of formative feedback (and perhaps interventions) to support managers who did not score well;
  - c. Identify new management talent and do a preliminary assessment of various 'fast-track' programs depending on their level of skills, experience, and interest.
  - d. Explore how this process may support succession planning within the hospital.
2. Were the 'live run' successful, assess the performance of future managers who were in part selected based these manager attributes.
3. Were the 'live run' successful, consider wider deployment of the survey in other facilities and services.

## Appendix 14: Full List of Nodes from Focus Group Case Study

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### **Concerns in relation to rating other staff and use of the tool**

it seems a bit rough that they can rate someone but they're not identified but the person who is being rated, if it's negative, like it's a little, it could be open slather for an unpopular manager

remove any negative comment about any individual because it's so disheartening, So how reliable are these constructs and how ?? are they anyway, and you know like, I suppose the problem is that, my opinion is how valid is an opinion of mine whether somebody's good management, you know.

what's the HR processes you would need to go through, for this survey and implications and how does it link into a form of objective assessing and performance of you.

potential bias or a tendency for individuals to pick people who are easier to rate?

might rate more positively, they might find it harder to, in terms of their determining who they were going to rate, they might steer away from people who perhaps are a little bit more complex, I don't know, that's something that sort of popped into my head

concerned about negative comments

we don't want to have a system that sets it up to have in a way, bullying and harassment by the use of this tool

If you knew you were going to be identified, your sentiment maybe different, if you knew you weren't going to be identified I think it would be irrelevant if the person has consent or not you'd still rate the same but if you thought there was a risk that you might be identified as a rater, you might rate in a different way

I'm still struggling with the who, you know in terms of getting back to these people, and the appropriateness of these people rating these managers

I think umm like if there was some way that, which general surveys effects the balance, who could rate?

Recency

### **Suggested changes to the tool and process to overcome identified issues**

make it a positive thing, so that instead you could say, these are ten attributes that have been found to be predictive of effective managers, can you name anyone within your organisation who has those characteristics

you could ask people to put their hands up. Whose prepared to be rated on this scale bear in mind that you might get some negative feedback

having a criteria... I guess there's consistency judging criteria would be work out the denominator

I think it would still be important to have on balance that we have those two aspects covered

because if it is you know you've ruled out the bias and those sorts of things but it could be another way to rule out bias,

talking about just the criteria you rate people

so I think one part to test the validity though is the managers who are performing then see how they rate on this, and whether it differentiates them, and then you could do the other staff

giving a global rating is not particularly intuitive to me what would be more intuitive would be to divide the raters up into these different groups

### **Potential uses of the tool and positive outcomes**

The only thing is that mightn't pull out the people who have not been identified already, that they might not be thinking about putting their hands up

looking at the graduates program, and looking at how do we look in a group of people and when they don't necessarily have yet the technical skills and work out whose going to make a good manager

we should be selecting staff on this list, I mean, this is the issue isn't it, I mean which of those characteristics would we all like to have just as human beings potentially

you can use that as a way to discover talent, in terms of if you find someone whose not a manager already, but they expressed some of these attributes, so they were not discovered as a manager yet but they can be a potential manager in future to be trained as a manager

We doing it to a form of performance reviews and we get use some of the attributes, to a better performance review

it might be a good recruitment tool

All the things like MBA selections, scholarships, lectures, those internal things that we do

if it were successful at a larger hospital, you know, we almost have to roll it out it would be very implacable and there are internal programs that we run which it could be used for in addition to recruitment for actual positions



maybe these people who have these skills are the ones that we should target with some of the technical skills because we do know, on the whole, technical skills are easier to teach than the expected behaviours.

### **Issues that could affect the use of the tool**

it's not actually the personal skills it's actually the environmental conditions within which those people are operating

you don't want, you don't want people to know how this will be used because is there a way of timetable reverse engineering list

You've also got to I guess be aware that some departments may not share these values

So you could almost get a false negative from the department whose more negative than others

I think that that's part of the issue, is that the soft skills that are in... they're not actually learned, whereas the technical skills are learned

we know that, people can learn management, people can learn listening skills, it's not as though you teach or try to learn each of these ten individually, there is some underpinning skills, qualities whatever that underpin lots of these